Dear FJC:

This is a letter agreement between the undersigned Corporation (the “Corporation” or “we”) and FJC to establish a Donor Advised Fund under and subject to the FJC Procedures for the Operation of Donor Advised Funds, as these procedures may be amended from time to time. We acknowledge that we have received and read the Summary of Procedures and Rules for Donor Advised Funds.

The name of my (our) fund will be ________________________________ Fund ("the fund").

We acknowledge that FJC has all of the powers needed to carry out its purposes including, without limitation, the following:

1) to receive from the Corporation, or other persons or entities, additional gifts to the Fund;  
2) to keep, invest and reinvest the assets contributed;  
3) to commingle for investment purposes the assets contributed, and  
4) to distribute the contributed assets to organizations within the scope of its guidelines.

The Corporation shall have the privilege of making written recommendations with respect to investments of, and distributions from, the Fund. However, we acknowledge that, in accordance with Internal Revenue Service rules and regulations, FJC shall be the absolute owner of the assets of the Fund, and shall have ultimate authority over investments of the Fund, the selection of charities to receive distributions from the Fund and the timing and amounts of the distributions. We also acknowledge that FJC will distribute funds contributed, or income earned by these funds, generally to charitable organizations described in Sections 501(c)(3) and 509(a)(1), (2), or (3) of the Internal Revenue Code, as it now exists or as it may be amended.

The agreement with FJC to establish and maintain the Fund will consist of this Letter Agreement and the Donor Application that is attached to this letter. The agreement will be effective once it is accepted and signed by FJC and the Corporation’s contribution has been received and accepted by FJC.

Very Truly Yours,

Corporation Name

Signature       Title

*To accept grant investment recommendations from a Donor, FJC must have that Donor’s signature and contact information on file.

Accepted by:

FJC - A Foundation of Philanthropic Funds

Signature       Title       Date
CORPORATE DONOR APPLICATION

DONOR INFORMATION

Corporation

Name

Telephone

Address

Fax

City/State Zip

Email

EIN

Contact (Name/Title)

Recommender

Name

Title

Address

Daytime Telephone

City/State Zip

Fax

Signature

Email

Receive Fund Statements: Yes No

Account Portal Access: Full Access ReadOnly No Access

Recommender

Name

Title

Address

Daytime Telephone

City/State Zip

Fax

Signature

Email

Receive Fund Statements: Yes No

Account Portal Access: Full Access ReadOnly No Access
PROGRAM OPTIONS

Fund Name: ____________________________ Account Number: ____________________________

IMPORTANT: For information about the privileges of Donors and Recommenders, including the ability of Donors to limit or expand the privileges of Recommenders, and about the final disposition of your Fund, please consult the Summary of Procedures and Rules for Donor Advised Funds.

DESIGNATION OF ADDITIONAL RECOMMENDERS

Up to four persons (including the Donors) may serve as recommenders for the Fund at any one time, except that the Donor’s spouse and children may all serve, regardless of their number. IMPORTANT: In order for FJC to accept grant and investment recommendations from a Recommender, we must have that Recommender’s contact information and signature on file.

Name ____________________________ Daytime Telephone ____________________________

Home Address ____________________________ Fax ____________________________

City/State Zip ____________________________ Email ____________________________

Relationship to Donor ____________________________ Additional Recommender’s Signature ____________________________

Receive Fund Statements: Yes ___ No ___

Account Portal Access: Full Access ___ ReadOnly ___ No Access ___

DESIGNATION OF SUCCESSOR RECOMMENDERS

These individuals are authorized to make recommendations of investments of, and distributions from, the Fund after the death or disability of the Donors and the death, disability, termination, or resignation of all the Additional Recommenders.

Name ____________________________ Daytime Telephone ____________________________

Home Address ____________________________ Fax ____________________________

City/State Zip ____________________________ Email ____________________________

This Recommender may replace any Donor or Recommender: Please Initial: ______ OR This Recommender may replace the following Donor or Recommender: Print Name: ____________________________
FINAL DISTRIBUTION OF FUNDS

At such time as there are no surviving Donors or Recommenders, I/we recommend that any amounts remaining in my/our Fund should be treated as follows:

______ % of the remaining balance be placed in the General Fund of FJC to create a Memorial Fund in the name of:

______ % of the remaining balance be maintained at FJC and the income from the Fund be contributed annually, in the percentages shown, to the following charities:

<table>
<thead>
<tr>
<th>%</th>
<th>Charity Name and Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

______ % of the remaining balance to be contributed, in the percentages shown, to the following charities:

<table>
<thead>
<tr>
<th>%</th>
<th>Charity Name and Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

______ I/we choose not to select a final designation at this time.

Please Initial:______  Please Initial:______

SIGNATURES

Donor Signature:_________________________  Date:_________________________

Donor Signature:_________________________  Date:_________________________
INITIAL CONTRIBUTION ($5,000 minimum)

Cash Amount - Please contact FJC for wire instructions.
Check: $ ____________________ Wire: $ ____________________

Securities of Publicly Traded Companies

<table>
<thead>
<tr>
<th>Company</th>
<th>Number of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Securities of Publicly Traded Companies

Other Securities - Please contact FJC to discuss contributions of restricted securities and securities of privately held companies.

Mutual Funds - Please contact FJC for transmittal instructions.

Other Assets - Please contact FJC to discuss contributions of other types of property.

INVESTMENT ALLOCATION RECOMMENDATION

You may recommend the allocation of your contribution among the following investment options. If no choices are indicated, the contribution will be invested in the Money Market Fund.

<table>
<thead>
<tr>
<th>Investment Recommendations</th>
<th>Fund Manager</th>
<th>$ or %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Loan Fund</td>
<td>FJC ALF</td>
<td></td>
</tr>
<tr>
<td>Fixed Income - Intermediate Duration</td>
<td>Bernstein Intermediate Duration</td>
<td></td>
</tr>
<tr>
<td>Growth Fund</td>
<td>Janus Research Fund</td>
<td></td>
</tr>
<tr>
<td>Money Market Fund</td>
<td>Various</td>
<td></td>
</tr>
<tr>
<td>S &amp; P 500 Index Fund</td>
<td>Vanguard 500 Index Fund</td>
<td></td>
</tr>
<tr>
<td>Socially Responsive Fund</td>
<td>Vanguard FTSE Social Index Fund</td>
<td></td>
</tr>
<tr>
<td>Value Equities - International</td>
<td>Bernstein International Equity</td>
<td></td>
</tr>
<tr>
<td>Total Stock Market Index Fund</td>
<td>Vanguard Total Stock Market</td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AUTHORIZATION TO LIST NAME OF FUND IN FJC ANNUAL REPORT

I/we authorize FJC to list the name of this Fund in the FJC Annual Report.

Please Initial: _______ Please Initial: _______

HOW DID YOU LEARN ABOUT FJC?

Referred by: ____________________________________________

Radio/Print Advertisement: __________________________________

Other: __________________________________________