



Account Number: \_\_\_\_\_

### FJC INDIVIDUAL/FAMILY DONOR LETTER AGREEMENT

Dear FJC:

This is a letter agreement between the undersigned Donor(s) 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. I (we) acknowledge that I (we) have received and read the Summary of Procedures and Rules for Donor Advised Funds.

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

I (we) acknowledge that FJC shall have all of the powers needed to carry out its purposes including, without limitation, the following:

- (1) to receive from the Donor(s), or other persons or entities, additional gifts to the Fund;
- (2) to keep, sell, 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.

I (we) shall have the privilege of making written recommendations with respect to investments of, and distributions from, the Fund. However, I (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. I (we) also acknowledge that FJC will distribute funds contributed, and 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.

My (our) agreement with FJC to establish and maintain the Fund will consist of this Letter Agreement, Summary of Procedures and Rules, and the Donor Application that is attached to this letter. The agreement will be effective once it is accepted and signed by FJC and my (our) contribution has been received and accepted by FJC.

Very truly yours,

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\*To accept grant and 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



Account Number: \_\_\_\_\_

## INDIVIDUAL/FAMILY DONOR APPLICATION

DONOR INFORMATION (Please be sure to include all the information for any Donor who will be making recommendations for the Fund.)

Donor

Donor

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

Relationship of Donors to each other: \_\_\_\_\_

Each Donor should have the full, equal, and Independent privilege to recommend Investment preferences and grants distributions and to designate additional and successor Recommenders.

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.



## INDIVIDUAL/FAMILY FJC FUND 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: \_\_\_\_\_



Account Number: \_\_\_\_\_

### 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:

%	Charity Name and Address

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

%	Charity Name and Address

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

Please Initial: \_\_\_\_\_

Please Initial: \_\_\_\_\_

### SIGNATURES

Donor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Donor Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Account Number: \_\_\_\_\_

**INITIAL CONTRIBUTION (\$5,000 minimum)**

**Cash Amount** - Please contact FJC for wire instructions.

Check: \$ \_\_\_\_\_ Wire: \$ \_\_\_\_\_

**Securities of Publicly Traded Companies**

Company	Number of Shares

**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.

Investment Recommendations	Fund Manager	\$ or %
Agency Loan Fund	FJC ALF	
Fixed Income - Intermediate Duration	Bernstein Intermediate Duration	
Growth Fund	Janus Research Fund	
Money Market Fund	Various	
S & P 500 Index Fund	Vanguard 500 Index Fund	
Socially Responsive Fund	Vanguard FTSE Social Index Fund	
Value Equities - International	Bernstein International Equity	
Total Stock Market Index Fund	Vanguard Total Stock Market	
Total:		

**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: \_\_\_\_\_

