



### 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

\_\_\_\_\_  
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



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

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

\_\_\_\_\_  
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: \_\_\_\_\_

