



ADDING VALUES TO STRONG PERFORMANCE.

### Donor Advised Fund Agreement

#### I. Donor Information

**Donor #1**  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
Title First Middle Last  
 Permanent Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_  
 Home Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_  
 Cell Telephone (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

**Donor #2**  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
Title First Middle Last  
 Permanent Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_  
 Home Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_  
 Cell Telephone (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

#### II. Gift Information

##### Cash Gift

- Check: Check Number \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 I will wire transfer this gift. Please provide necessary information.

*Securities* (The value of the securities on the Gift Date, along with any other assets included under this Agreement, shall determine the value of the Gift to establish the Donor-Advised Fund(s).

- Securities (List below):  
 I will instruct my broker to transfer this gift. Please provide necessary information.  
 I will forward physical certificates under separate cover. Please provide necessary information.

Name of Stock/Bond	Number of Shares	Present Value	Date Acquired	Cost Basis
				\$
				\$
				\$

III. Fund Name

The name of this Donor-Advised Fund shall be the: \_\_\_\_\_ Donor-Advised Fund

IV. Granting Distribution Advice Information

Grants/Gifts will be distributed from the  Income of the fund OR  Income and Principal of the fund
(Recommendations can be made at any time using the Grant Recommendations Form; however grant distributions will be made on a semi-annual basis, following approval by the FFC Charitable Services Committee.)

Advice for distribution from the Donor-Advised Fund shall be made by the (check all that apply):

- Donor  Advisory Committee  Successor Advisor/Advisory Committee

If an Advisory Committee is selected to recommend grants from this Donor-Advised Fund, list the names of the Advisory Committee members below.

Advisory Committee representative and alternative designated to receive reports and information:

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Alternative Name \_\_\_\_\_ Email \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

This Advisory Committee will serve only as a Successor Advisory Committee

Successor Advisor (this successor can name one additional successor advisor, after which the fund will be closed.)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_

Cell Telephone (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

V. Final Distribution Recommendation

Upon close-out of the fund I/We recommend:

The charitable organization(s) listed on the following Final Charitable Gift Recommendation Form will receive the designated percentage of the remaining assets upon close-out of the fund.

The charitable organization(s) listed on the following Final Charitable Gift Recommendation Form will receive the designated percentage of the ongoing income from the fund upon close-out of the fund.

The remaining assets be added to the \_\_\_\_\_ Trust with FFC.

The remaining assets be left with FFC in a permanent endowment which will be distributed by FFC. I recommend these funds be used for the following purpose: (or unrestricted)

\_\_\_\_\_.

**Final Charitable Gift Recommendation Form**

Upon termination of the fund, I/we recommend that the following Charitable Beneficiary(s) or Trust receive the final distribution of all remaining assets of this Donor-Advised Funds upon close-out of the fund or receive the ongoing income from the fund.

Charitable Beneficiary #1	
Organization Name _____	Contact Person _____
Phone _____	Email _____
Address _____	City, State, Zip _____
Restrictions (if any) _____	
<input type="checkbox"/> To receive _____% of the remaining assets OR <input type="checkbox"/> To receive _____% of ongoing income of the fund.	
Charitable Beneficiary #2	
Organization Name _____	Contact Person _____
Phone _____	Email _____
Address _____	City, State, Zip _____
Restrictions (if any) _____	
<input type="checkbox"/> To receive _____% of the remaining assets OR <input type="checkbox"/> To receive _____% of ongoing income of the fund.	
Charitable Beneficiary #3	
Organization Name _____	Contact Person _____
Phone _____	Email _____
Address _____	City, State, Zip _____
Restrictions (if any) _____	
<input type="checkbox"/> To receive _____% of the remaining assets OR <input type="checkbox"/> To receive _____% of ongoing income of the fund	

<input type="checkbox"/> I recommend that the remaining assets be added to the following Trust/Endowment under the care of Friends Fiduciary Corporation. _____
<input type="checkbox"/> I recommend establishing a <b>separate</b> endowment trust with the remaining assets. This would be known as _____ and the funds should be used for _____.
<i>(The minimum fund size that FFC will accept as a <b>separate</b> perpetual trust is \$500,000 remainder.)</i>

*Note to the Donor:* The final charitable gift recommendation can be changed by the donor at any time up until his/her death by submitting a signed and dated *Revised Final Charitable Gift Recommendation Form*. FFC will, in all cases, consider the final charitable beneficiary recommendations specified by the donor; as with grants FFC has sole discretion. In the event of the death of the advisor, FFC will have the authority to elect the final beneficiaries, if the original charitable beneficiaries should cease to exist or have changed their purpose.

**Statement of Understanding**

It is my/our desire to make this irrevocable Gift to Friends Fiduciary Corporation and I herby affirm and declare that I:

- Intend to be legally bound by the terms of this Donor Advised Fund Agreement and Policy;
- Understand that after this Agreement and Gift assets have been approved and accepted by Friends Fiduciary Corporation, I will receive a copy of this document indicating acceptance of the Gift;
- Understand that this Agreement and FFC’s Donor Advised Fund Policy and Guidelines for Selection of Non-Quaker Charitable Grantees and/or Recipients, which may be amended from time to time, will define my contract with Friends Fiduciary Corporation;
- Acknowledge that the Foundation has not rendered any legal or tax advice to me;
- Understand that I should consult with my own advisors for determining the tax or other benefits and consequences of making this Gift;

By my signature:

- 1) I hereby enter into this Agreement, subject to acceptance of the Gift by Friends Fiduciary Corporation
- 2) I affirm and acknowledge to be true to the best of my knowledge all of the statements contained herein, both in my individual capacity and in my joint capacity with my joint applicant, if applicable.

Donor #1 Signature \_\_\_\_\_

Donor #1 Name \_\_\_\_\_ Date \_\_\_\_\_

Donor #2 Signature \_\_\_\_\_

Donor #2 Name \_\_\_\_\_ Date \_\_\_\_\_

*Please complete, sign, and send this form with a check and/or brokerage information to:  
Friends Fiduciary Corporation, 1650 Arch Street, Suite 1904, Philadelphia, PA 19103, 215-241-7272.*

***Friends Fiduciary Corporation Use Only***

*Date Agreement Received* \_\_\_\_\_ *Date Assets Received* \_\_\_\_\_

*Date Agreement approved* \_\_\_\_\_ *by* \_\_\_\_\_