



The CENTER for JEWISH PHILANTHROPY
JEWISH UNITED FUND / JEWISH FEDERATION
Donor Advised Fund Agreement

Name of Fund _____

(Your fund may be named for yourself, in honor or memory of a loved one or to celebrate a life event.)

DONOR #1 _____ Date of Birth _____ Home Email _____

Primary Home Address _____ Cell Phone _____

City _____ State _____ Zip _____ Home Phone _____

Primary Business Name _____ Business Email _____

Business Address _____ Business Phone _____

City _____ State _____ Zip _____

I prefer to receive mail at Home Business

I prefer to be contacted at Home Business

DONOR #2 _____ Date of Birth _____ Home Email _____

Primary Home Address _____ Cell Phone _____

City _____ State _____ Zip _____ Home Phone _____

Primary Business Name _____ Business Email _____

Business Address _____ Business Phone _____

City _____ State _____ Zip _____

I prefer to receive mail at Home Business

I prefer to be contacted at Home Business

Relationship to Donor #1: _____

Statements

Statements for your account are available through DonorView, our secure online management system.

I prefer to receive my statements through the mail.

Additional Advisors *(optional)*

Note: Donors can extend the privilege of grant making to other individuals during their lifetime, in accordance with Section 5.6 of the Policies & Procedures of Donor Advised Funds. Please indicate if you would like additional individuals added as advisors to the fund:

ADVISOR #1 _____ Date of Birth _____ Home Email _____

Primary Home Address _____ Cell Phone _____

City _____ State _____ Zip _____ Home Phone _____

Relationship to Donor #1 _____

ADVISOR #2 _____ Date of Birth _____ Home Email: _____

Primary Home Address _____ Cell Phone _____

City _____ State _____ Zip _____ Home Phone _____

Relationship to Donor #1 _____

Initial Contribution (\$1,000 minimum)

Cash \$ _____ (Please make check payable to the Jewish Federation of Metropolitan Chicago.)

Please contact me to arrange for a secure **credit card payment**.

Please note a fee of 4% is imposed by the credit card company and will be deducted from the total charge; however, the full amount of your credit card gift is tax-deductible.

Securities (Please attach additional page if more space is needed)

Number of shares _____ Company _____

Number of shares _____ Company _____

Other Assets (Please describe) _____

To discuss gifting other assets, please contact a professional from the Donor Advised Fund Program at CFJP@juf.org or (312) 357-4853.

Investment Recommendation

You may choose up to three investment vehicles; a minimum of \$1,000 must be invested in each of the chosen vehicles. If no recommendations are made, all assets will be invested in the Money Market Account.

STANDARD INVESTMENT OPTIONS	Percentages	OR	Dollars
JFMC Pooled Endowment Portfolio, LLC (\$50,000 minimum)	% _____		\$ _____
JFMC Money Market Account (MMA)	% _____		\$ _____
Fidelity Extended Market Index Fund (FSMAX)	% _____		\$ _____
Fidelity 500 Index Fund (FXAIX)	% _____		\$ _____
Fidelity Asset Manager 70% (FASGX)	% _____		\$ _____
Fidelity Growth and Income Portfolio (FGRIX)	% _____		\$ _____
Fidelity Blue Chip Growth Fund (FBGRX)	% _____		\$ _____
Fidelity Diversified International Fund (FDIVX)	% _____		\$ _____
Fidelity US Bond Index Fund (FXNAX)	% _____		\$ _____
Vanguard Social Index Admiral Fund (VFTAX)	% _____		\$ _____
State of Israel Bonds	% _____		\$ _____

NON-STANDARD INVESTMENT OPTIONS

Non-standard investments must be approved by the Jewish Federation. If you are interested in non-standard investments, such as an outside investment advisor, please contact a professional from the Donor Advised Fund Program at CFJP@juf.org or (312) 357-4853

Declaration of Intent Provision (optional)

It is my intention to maintain a balance in my donor advised fund, which upon the termination of the fund will be distributed to the Jewish Federation /Jewish United Fund of Metropolitan Chicago under the terms and provisions of the Policies and Procedures of Donor Advised Funds.

Donor Signature_____Date_____

Successors

In accordance with Section 4.8 of the Policies and Procedures of Donor Advised Funds, under certain circumstances, donor(s) may designate individuals to make recommendations from the donor advised fund upon their death(s). If you are interested in discussing this provision further, please contact a professional from the Donor Advised Fund Program at CFJP@juf.org or (312) 357-4853.

Publicity

I understand and agree that the name of the donor advised fund as well as my/ our name(s) may be published in the Jewish Federation/Jewish United Fund's publications.

No, my fund name may **not** be published **No**, my/our name(s) may **not** be published

Referral

Please tell us how you heard about our donor advised program.

- Mailing
- Jewish United Fund/Jewish Federation Website
- Family/ Friend NAME_____
- Jewish United Fund /Jewish Federation staff member NAME_____
- Financial Advisor/Attorney/Accountant NAME_____
- Other: _____

Acknowledgement of Agreement

I acknowledge that I have read the Policies and Procedures of Donor Advised Funds and agree to its terms and/or conditions and understand that the Policies & Procedures may be revised from time to time. I understand that upon acceptance of this agreement, I am making a gift to the Jewish Federation of Metropolitan Chicago. I understand that the Jewish Federation of Metropolitan Chicago shall have exclusive legal control over all assets in the Fund created by this gift. I certify that all information in this application is accurate and I will notify the Jewish Federation of Metropolitan Chicago of any changes.

Donor Signature_____Date_____

Donor Signature_____Date_____

Accepted by the Jewish Federation of Metropolitan Chicago

By_____Title_____Date_____

By_____Title_____Date_____