

ESTABLISH A DONOR ADVISED FUND

To establish a Donor Advised Fund, complete this form, then make an initial irrevocable contribution of at least \$25,000.

1. Choose a name for your Donor Advised Fund

For example: 'The Smith Family Charitable Fund', or 'The Green Lantern Fund'.

Unless anonymity is requested when you recommend grants, the Fund name will appear on correspondence with organizations that receive grants from this Fund.

2. Name a maximum of two Donor Advisors to the Fund

For example, husband and wife. Donor Advisors must be 18 or older.

Donor Advisor A (primary contact)

First name	Middle initial	Last name	
Date of birth (mm/dd/yyyy)	Daytime phone number	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile	
Physical address			
City	State	Zip	
Email address			
<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired	Employed by / Retired from	Years there, or date retired	

A Donor Advisor maintains certain privileges, including advisory privileges to recommend grant distributions to charities, and naming Successor Donor Advisors.

A Donor Advisor is often times the same person as the Donor(s) making contributions to establish the fund, however a Donor may designate alternative persons.

Donor Advisor B (optional)

First name	Middle initial	Last name	
Date of birth (mm/dd/yyyy)	Daytime phone number	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile	
Physical address <input type="checkbox"/> same as above			
City	State	Zip	
Email address			
<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired	Employed by / Retired from	Years there, or date retired	

3. Make Your Initial Contribution to the Fund

Minimum \$25,000.

Source of Funds

I declare the initial fund contribution above was obtained from the following sources.

E.g., Salary from XYZ Company, Income from my personal investments, Inheritance from my parent's estate.

Registered owner(s) of the asset(s) being donated are (more than one may be selected):

- Donor Advisor A
- Donor Advisor B
- Other

Identify all registered owners of the asset(s) being contributed. AGF will send a contribution substantiation letter (charitable donation receipt) to the donor(s).

If Other is checked, please detail all information regarding asset holder(s):

Asset owner type: Individual Corporation, trust, or other organization

Entity name (if corporation, trust, or other organization)		Tax ID number (if corporation, trust, or organization)	
Individual's name, or Entity contact person's name		Daytime phone number	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile
Street address			
City	State	Zip	
Email address		Trust establishment date (if applicable)	
Date of birth (if individual)	Relationship to Donor Advisor(s) (if individual)		

Select Contribution Method(s)

- Journal from investment account currently managed by recommended financial advisor.
- Wire transfer
- Transfer of securities
- Check

Mailing address:
The American Gift Fund
c/o RBC Trust Company
4550 Linden Hill Road, Suite 200
Wilmington, DE 19808

Upon submission of your application, you will be provided with funding instructions.

Grants and Additional Contributions

What is the anticipated number of grants per year?

Will there be any additional funds contributed to the fund? Yes No

If yes, what is the anticipated value?

4. Select an Investment Strategy

Please invest my initial contribution as follows:

- Growth Objective** Seeks long-term growth of capital by investing in a diversified portfolio of common stocks across the market capitalization and growth spectrums, including prudent exposure to international markets and real estate investment trusts.
- Preservation Objective** Seeks to preserve value by investing in corporate and U.S. government bonds.

Only select an investment strategy if you are not completing section 6 on page 5.

5. Choose a Succession Plan

Choose what will happen to your Fund when all Donor Advisors named in Section 2 are unable or unwilling to act in that capacity.

If checked, complete Section 5a.	▶	<input type="checkbox"/>	Option 1: Pass current Fund privileges to others. Retain the assets in your Fund and appoint up to two Successor Donor Advisors.
If checked, complete Section 5b.	▶	<input type="checkbox"/>	Option 2: Establish recurring grants to charities. Recommend annual recurring grants based on a percentage of the fund's balance.
		<input type="checkbox"/>	Option 3: Transfer assets to the Board of Directors Philanthropic Fund. This Fund is managed by our Board of Directors and used to grant to a variety of charitable causes.

If a valid succession plan is not in effect, remaining Fund assets will be transferred to the Board of Directors Philanthropic Fund.

5a. Name Successor Donor Advisors

If you selected Option 1 as a succession plan, name Successor Donor Advisors here.

Successor Donor Advisor A

First name	Middle initial	Last name
Date of birth (mm/dd/yyyy)	Daytime phone number	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile
Physical address <input type="checkbox"/> same as Donor Advisor A		
City	State	Zip
Email address		
Relationship to Donor Advisor(s)		

A Successor Donor Advisor (SDA) is nominated to act as Donor Advisor (DA) once all current DA(s) either decide not to serve or are otherwise unable to serve due to incapacity, disability, or death.

A SDA has no DAF privileges until AGF receives written evidence of all current DA(s) unwillingness or inability to serve as DA.

A Successor Advisor may be one or two individuals, including a spouse, relative or other individual, who have reached the age of 18.

Current DA(s) may not also be nominated as SD(s).

Successor Donor Advisor B (optional)

First name	Middle initial	Last name
Date of birth (mm/dd/yyyy)	Daytime phone number	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile
Physical address <input type="checkbox"/> same as Donor Advisor A		
City	State	Zip
Email address		
Relationship to Donor Advisor(s)		

5b. Establish Recurring Grants to Charities

If you selected Option 2 as a succession plan, name one or more charities here, and set the annual grant amount to be a percentage of the total assets in the DAF.

Charitable Organization A

Charity legal name		EIN if available	
Charity contact name		Phone number	
Email address		Website address	
Mailing address			
City		State	Zip
Annual grant amount %	Given anonymously <input type="checkbox"/> Yes <input type="checkbox"/> No	Grant Purpose <input type="checkbox"/> General purpose <input type="checkbox"/> Other:	
Special instructions			

Grants can only be made to IRS-qualified public charities that are exempt under section 501(c)(3) of the Internal Revenue Code.

Interested in leaving a charitable legacy that can have a positive impact for years to come? Enter grant percentages that, in total, comprise a minimum of 5% of the total assets in the DAF.

Charitable Organization B

Charity legal name		EIN if available	
Charity contact name		Phone number	
Email address		Website address	
Mailing address			
City		State	Zip
Annual grant amount %	Given anonymously <input type="checkbox"/> Yes <input type="checkbox"/> No	Grant Purpose <input type="checkbox"/> General purpose <input type="checkbox"/> Other:	
Special instructions			

Charitable Organization C

Charity legal name		EIN if available	
Charity contact name		Phone number	
Email address		Website address	
Mailing address			
City		State	Zip
Annual grant amount %	Given anonymously <input type="checkbox"/> Yes <input type="checkbox"/> No	Grant Purpose <input type="checkbox"/> General purpose <input type="checkbox"/> Other:	
Special instructions			

6. Name a Financial Advisor

If a financial advisor guided you in the decision to establish a Donor Advised Fund and (both of the following must apply):

1. your fund will be at least \$25,000.
2. you would like to recommend your financial advisor manage the assets of the DAF.

Check here if all of the above statements apply, then complete the fields below.

Financial advisor's first name	Financial advisor's last name	
Financial advisor's firm	Financial advisor's phone	
Financial advisor's email	Branch Code	Rep ID

This page is optional. Complete it if you would like to recommend that your financial advisor manage the assets of the DAF.

The American Gift Fund Investment Subadvisor Recommendations and Disclosure

1. By recommending that RBC Trust Company (Delaware) Limited ("RBC Trust"), as Trustee to the American Gift Fund ("AGF"), engage the recommended financial advisor as RBC Trust's investment subadvisor to the assets allocated to the Donor Advised Fund ("DAF") on the books of AGF, the subadvisor may either provide investment recommendations for or manage the investment of such assets and may be granted online portal access through AGF's Donor Advised Grant Portal for informational review purposes and to provide assistance in submitting grant recommendations as recommended by the DAF's Donor Advisor(s).
2. I understand that if RBC Trust engages the subadvisor, RBC Trust will pay the subadvisor's fees and will reduce the investment management fee it charges AGF to the same as it pays the subadvisor, although it reserves the right to end such a reduction at any time or times. If the assets allocated to the DAF are invested in shares of mutual funds, I understand that the net asset value of such shares is determined after deducting all the operating expenses of the mutual funds. AGF's expenses, including RBC Trust's annual fees of up to 1% of the Fund's assets for providing administrative services to AGF and up to 1% of the Fund's assets for providing investment management services, will be deducted from the net asset value of the mutual fund shares in determining the value of the assets allocated to the DAF.

I understand that the investment subadvisor may require that AGF provide the following information in connection with the investment of the assets allocated to the DAF:

- Risk tolerance.
- Investment objective.
- Investment restrictions.
- The annual percentage/amount of assets anticipated to be distributed as grants to charities.

I/we recommend that:

The investment risk be:

- Minimal
- Low
- Moderate

The investment objective be:

- Growth
- Total Return
- Preservation

I understand that AGF has no obligation to follow any recommendation I/(we) make herein and that, if it chooses to engage the aforementioned subadvisor, AGF may terminate the engagement at any time.

- I/we have read and agree to the The American Gift Fund Investment Subadvisor Recommendations and Disclosure.

7. Provide a Copy of Your Photo ID

To establish your Donor Advised Fund, please provide a legible copy of a driver's license or government issued photo identification for each Donor Advisor (not immediately required for Successor Advisors).

I will send a picture of my/our photo ID(s) separately via email to agfteam@giftfund.org.
(Please include the name of the fund and your name(s) in the email message.)

I am sending this form by mail or fax and I have enclosed a paper copy of my/our photo ID(s).

The new DAF cannot be established until we receive the photo identification and signature for each Donor Advisor listed.

8. Signatures

Donor Advisor A

I acknowledge that I have read [The American Gift Fund Program Disclosure](#) and agree to the terms and conditions described therein. I understand that contributions to The American Gift Fund are irrevocable and are not refundable to me. I hereby certify that to the best of my knowledge all information presented in connection with this application is accurate and I will notify The American Gift Fund promptly of any changes.

X

Signature

Date

Print full name

Donor Advisor B

I acknowledge that I have read [The American Gift Fund Program Disclosure](#) and agree to the terms and conditions described therein. I understand that contributions to The American Gift Fund are irrevocable and are not refundable to me. I hereby certify that to the best of my knowledge all information presented in connection with this application is accurate and I will notify The American Gift Fund promptly of any changes.

X

Signature

Date

Print full name

Please send the completed form to agfteam@giftfund.org
or mail it to the address below.

The American Gift Fund
4550 Linden Hill Road, Suite 200
Wilmington, DE 19808
www.giftfund.org
Call Us Toll Free at 800-441-7698



The
**American
Gift Fund**
STEP UP YOUR GIVING