

TESTAMENTARY/FUTURE DATE DONOR ADVISED FUND INFORMATION

Complete this form for informational purposes when intending to establish a DAF at a future date.
A testamentary DAF may be established through a will or trust or by other means such as naming the American Gift Fund as beneficiary of an existing financial account.

1. Choose a name for your Donor Advised Fund

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

2. Donor's information

Name of individual(s) completing form.

Donor 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		
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

Donor 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. Estimated Initial Contribution to the Fund

Minimum \$25,000.

Enter amount

Source of Funds

I declare the initial fund contribution above will be derived from:

- Testamentary Will or Trust
- Financial account naming American Gift Fund as beneficiary
- Other

E.g., testamentary via trust, will, or by naming AGF as the beneficiary on the financial account.

Contact Information Where Funds Are Currently Held

Entity name (if corporation, trust, or other 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)	

4. Choose a Succession Plan

If checked, complete Section 4a.



Option 1: Name Donor Advisor(s) to recommend grants.

If checked, complete Section 4b.



Option 2: Establish recurring grants to charities.
Recommend annual recurring grants based on a percentage of the fund's balance.

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.

4a. Name Donor Advisors

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

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		
City	State	Zip
Email address		
Relationship to Donor(s)		

A Donor Advisor maintains certain privileges, including advisory privileges to recommend grant distributions to charities.

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(s)		

4b. 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 for the AGF team			

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 for the AGF team			

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 for the AGF team			

5. 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
- ESG

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.

6. Signatures

Donor 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 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

