

Donor-Advised Fund Application

To establish a new donor-advised fund account, use a) this **Application Form** and b) **Contribution Form**. Initial contributions must be \$5,000 or more.

To add to an existing donor-advised fund account, use the **Contribution Form**. Additional contributions must be \$1,000 or more.

Download this fillable form and save it to your computer before you email it to us at: donorsupport@iGiftFund.org

Contact us with questions:
800.810.0366
donorsupport@iGiftFund.org

1 Account Information

Choose a name for your fund (for example, "The Jones Family Charitable Fund"). The name below will appear on correspondence with charities that receive grants from this account, unless anonymity is specifically requested.

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2 Donor - Primary Advisor Information

These are the persons who advise the Independent Charitable Gift Fund concerning grants, investments, and fund distributions. Primary Advisors may independently recommend grants. If you choose to establish an advisory committee of the fund, please attach a separate list of their names and addresses, and identify a primary spokesperson/advisor.

Primary Advisor A (primary contact)

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Name <i>salutation, first, middle initial, last</i>		
Birth date <i>mm-dd-yyyy</i>	4-digit Pin #		
Preferred phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business	Alternate phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business		
Primary address or P.O. Box number			
City	State	Zip	Relationship to others
Email address		Preferred method of contact <input type="checkbox"/> Email <input type="checkbox"/> Phone	

Primary Advisor B

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Name <i>salutation, first, middle initial, last</i>		
Birth date <i>mm-dd-yyyy</i>	4-digit Pin #		
Preferred phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business	Alternate phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business		
Primary address or P.O. Box number			
City	State	Zip	Relationship to others
Email address		Preferred method of contact <input type="checkbox"/> Email <input type="checkbox"/> Phone	

3 Succession Plan

Choose what will happen to your fund when all the advisors named in Section 1 are unable or unwilling to manage account processes. Select any combination of succession options and assign a percentage of your account's remaining assets. If a valid succession plan is not in effect, remaining account assets will be transferred to the Independent Charitable Gift Fund's Philanthropic Fund.

If checked, complete Section 3A	<input type="checkbox"/> 1. Pass current account privileges to others. Retain the assets in your account and appoint successor advisors.	_____ %
	<input type="checkbox"/> 2. Create new accounts. Divide your fund balance equally and create one or more new accounts, each with successor advisors. The minimum initial amount for each account is \$25,000.	_____ %
If checked, complete an Endowment Plan Form Section 3B	<input type="checkbox"/> 3. Establish recurring grants with an Endowment Plan. Recommend recurring grants based on a percentage of the account balance. (Minimum balance of \$100,000 required.)	_____ %
If checked, complete Section 3C	<input type="checkbox"/> 4. Recommend final grants to charity(ies). Recommend one or more charities to receive grants to close down your account.	_____ %
	<input type="checkbox"/> 5. Recommend a customized disposition plan. Contact us for more information.	_____ %
	Total must equal 100%	_____ %

3A. Successor Advisors

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

If you selected Option 2 as a succession plan, please submit new applications for each new fund to be created.

Successor Advisor A (primary contact - spokesperson)

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Name <i>salutation, first, middle initial, last</i>	
Birth date mm-dd-yyyy		4-digit Pin #	
Preferred phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business		Alternate phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business	
Primary address or P.O. Box number			
City	State	Zip	Relationship to others
Email address		Preferred method of contact <input type="checkbox"/> Email <input type="checkbox"/> Phone	
Allow this Successor Advisor grant-making privileges immediately		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Successor Advisor B

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Name <i>salutation, first, middle initial, last</i>	
Birth date mm-dd-yyyy		4-digit Pin #	
Preferred phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business		Alternate phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business	
Primary address or P.O. Box number			
City	State	Zip	Relationship to others
Email address		Preferred method of contact <input type="checkbox"/> Email <input type="checkbox"/> Phone	
Allow this Successor Advisor grant-making privileges immediately		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Contact us if you choose to have a custom succession plan (for example, a committee of successor advisors).

3B. Recommending an Endowment Plan

If you selected Option 3 as a succession plan, please visit www.iGiftFund.org/forms and complete the Endowment Plan Form. This option is not in effect until the Independent Charitable Gift Fund receives a completed Endowment Plan. See www.iGiftFund.org/forms.

3C. Recommending nonprofit organizations

If you selected Option 4 as a succession plan, name nonprofit organizations here. Attach additional sheets if needed. (Total must equal 100%.)

Specify the percentage to be granted to the charity.

Organization 1 _____ %

Grants are made payable to the charity's legal name, which may be different from its common name.

Charity information

Charity legal name		EIN <i>if available</i>	
Street address or P.O. Box number			
City		State	Zip
Preferred phone	Web address		

Grant purpose

Grant recognition

<input type="checkbox"/> Full recognition - Donor name & fund name	<input type="checkbox"/> Fund name only	<input type="checkbox"/> Anonymous
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Specify the percentage to be granted to the charity.

Organization 2 _____ %

Grants are made payable to the charity's legal name, which may be different from its common name.

Charity information

Charity legal name		EIN <i>if available</i>	
Street address or P.O. Box number			
City		State	Zip
Preferred phone	Web address		

Grant purpose

Grant recognition

<input type="checkbox"/> Full recognition - Donor name & fund name	<input type="checkbox"/> Fund name only	<input type="checkbox"/> Anonymous
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4 Contributions and Investment Management

The minimum initial contribution is \$5,000 (subsequent contributions of \$1,000 or more)

- I have a Financial Advisor who will help with the contribution and manage the investments in my fund. This advisor may operate in a brokerage or managed account capacity. This person cannot have the advisory recommendation privileges of a primary donor, but you may designate that person to submit grant recommendations on your behalf. *(If you recommend a Financial Advisor below, please forward this form to him or her to coordinate the transfer of assets into your fund.)*

Financial Advisor

Name		
Company		
Street address or P.O. Box number		
City	State	Zip
Preferred phone	Fax	
Email		

- By checking this box, you authorize your Financial Advisor to communicate directly with you without additional written instructions from the Independent Charitable Gift Fund regarding the investment of assets in your fund.
 - By checking this box, you authorize your Financial Advisor to submit grant recommendations on your behalf.
- I choose not to recommend a Financial Advisor. See below for contribution instructions. Note: the iGiftFund will contact you regarding the transfer of assets instructions (if applicable) and your investment recommendations.

The minimum initial contribution is \$5,000 (subsequent contributions of \$1,000 or more).	
\$ _____	Make check payable to the Independent Charitable Gift Fund, FBO "your Fund Name."
Description of the Security/Assets	Approximate Value
Description of the Security/Assets	Approximate Value
Description of the Security/Assets	Approximate Value
Total Value	

5

Under the policies of the Independent Charitable Gift Fund, and in accordance with the anti-money laundering regulations applicable to the various financial institutions that provide services to the Independent Charitable Gift Fund, we obtain, record, and may verify information that identifies each person who establishes an account at the Independent Charitable Gift Fund, as well as other people who contribute or have access to a fund. We will ask for a name, address, Pin #, or date of birth that will allow us to identify people with access to a Fund.

Initial _____

I understand that my fund may be charged with investment management fees or expenses that are separate from the Independent Charitable Gift Fund's administrative fees.

Initial _____

I hereby irrevocably give the property described in this application and its attachments to the Independent Charitable Gift Fund, and understand that it is not refundable.

Initial _____

I intend that the person(s) described above as Primary Advisor(s) will periodically recommend grants from this fund for charitable purposes. I understand that the Independent Charitable Gift Fund's Board of Directors, in its sole discretion, is free to accept or reject any recommendations. I also understand that the Board of Directors is empowered to modify any restriction related to this fund, if in its judgment such restriction becomes, in effect, unnecessary, incapable of fulfillment, or inconsistent with charitable needs.

Initial _____

I have read the Program Description and Guidelines, and agree to its terms and conditions. I understand that grants from this fund may not be used to satisfy pledges. I understand that the Independent Charitable Gift Fund's Board of Directors reserves the right to modify the donor-advised fund program, as it deems necessary. I hereby certify that to the best of my knowledge, all information presented in connection with this application is accurate, and I will provide prompt notification of any changes.

Please print and sign

Donor Advisor A Name (print)

Donor Advisor A Signature

Date mm/dd/yyyy

Donor Advisor B Name (print)

Donor Advisor B Signature

Date mm/dd/yyyy

Print

6

Return this completed form by email, fax, or mail to:
iGiftFund | donorsupport@iGiftFund.org | Fax: 330.362.9925
5 East Main Street, Hudson, OH 44236 | Phone: 800.810.0366

Contribution Form

Use this form to contribute to a donor-advised fund. Contributions are irrevocable upon acceptance by the Independent Charitable Gift Fund. If you require additional space, please include additional sheets. For more information, please refer to our **Program Description and Guidelines** booklet. Initial contribution must be \$5,000 or more. Additional contributions must be \$1,000 or more.

Download this fillable form and save it to your computer before you email it to us at:
donorsupport@iGiftFund.org

Contact us with questions:
800.810.0366
donorsupport@iGiftFund.org

1 Donor-Advised Fund Information

Provide the donor-advised fund information to the Independent Charitable Gift Fund

Account Number	Account Name
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Provide the Independent Charitable Gift Fund with information to identify owners of the assets being donated.

Donor A

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Name <i>salutation, first, middle initial, last</i>		
Birth date mm-dd-yyyy	Preferred phone		
Primary address or P.O. Box number *			
City		State	Zip
Email address		Preferred method of contact <input type="checkbox"/> Email <input type="checkbox"/> Phone	

Donor B

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Name <i>salutation, first, middle initial, last</i>		
Birth date mm-dd-yyyy	Preferred phone		
Primary address or P.O. Box number *			
City		State	Zip
Email address		Preferred method of contact <input type="checkbox"/> Email <input type="checkbox"/> Phone	

* The Independent Charitable Gift Fund will send a tax substantiation letter to this address.

2 Contribution Type

Initial contributions must be \$5,000 or more. Additional contributions must be \$1,000 or more.

\$ _____

Check:
If check, make payable to the Independent Charitable Gift Fund, FBO "your Fund Name" and include the Fund # on the check.

List stocks, bonds, and mutual funds, or attach an additional sheet.

Description of the Security/Assets	Approximate Value
Description of the Security/Assets	Approximate Value
Description of the Security/Assets	Approximate Value
Total Approximate Value	

Other Assets

If you wish to contribute an asset other than cash or publicly traded securities, please call us to discuss the review process 1-800-810-0366.

3 Related Donors

IRS guidelines require the Independent Charitable Gift Fund to track its donations from related parties. List below the names of any relatives (or organizations on whose behalf you have the authority to act) who have donated to the Independent Charitable Gift Fund.

Related Party

Name <i>salutation, first, middle initial, last</i>
Relationship to donor

4 Required Signatures

By signing below, I authorize the transfer of the assets described in Section 2 to the Independent Charitable Gift Fund. I acknowledge that my gift of the property described in Section 2 will be irrevocable and unconditional when received and accepted by the Independent Charitable Gift Fund. I acknowledge that I have read and agree to abide by the terms and conditions set forth in the Independent Charitable Gift Fund's **Program Description and Guidelines** booklet, which will be amended from time to time. I hereby certify, to the best of my knowledge, that all information presented in connection with this form and contribution is accurate, and that I will notify the Independent Charitable Gift Fund promptly of any changes. I confirm that I have the full authority to enter into this agreement or to recommend a grant from another donor-advised fund wherein the sponsoring organization is the owner of the funds transferred to the Independent Charitable Gift Fund.

Please print and sign

Donor Advisor A Name (print)	

Donor Advisor A Signature	Date mm/dd/yyyy
_____	_____

Donor Advisor B Name (print)	

Donor Advisor B Signature	Date mm/dd/yyyy
_____	_____

Print

Return this completed form by email, fax, or mail to:
Independent Charitable Gift Fund | donorsupport@iGiftFund.org | Fax: 330.362.9925
5 East Main Street, Hudson, OH 44236 | Phone: 800.810.0366