

Designated Fund Application



A Designated Fund provides ongoing support to one or more qualified charitable organizations through permanent distribution instructions established when the Fund is created.

All contributions are irrevocable charitable gifts to iGiftFund. The charitable organization(s) and distribution instructions established in this application are permanent and cannot be modified after the Fund has been established.

CHOOSE A NAME FOR YOUR FUND

Choose a name that is meaningful to you (max 50 characters). This name will appear on your grant letters unless you change the recognition at the time of your grant recommendation.

NAME

(Examples: Smith Family Charitable Fund or Doing Good Together Fund)

DONOR PRIMARY ADVISOR – DPA

The Donor Advisors (Donor Primary Advisor – DPA and Joint Advisor – JA) may provide non-binding advice to iGiftFund regarding grant recommendations, selection of the financial advisor and custodian.

FULL NAME

DATE OF BIRTH

EMAIL

PHONE NUMBER

used for Two-Factor Authentication (2FA)

HOME ADDRESS

STREET

CITY

STATE

ZIP

DONOR JOINT ADVISOR – JA

(Optional)

☐ No Joint Advisor

FULL NAME

DATE OF BIRTH

EMAIL

PHONE NUMBER

used for Two-Factor Authentication (2FA)

HOME ADDRESS ☐ Same as DPA

STREET

CITY

STATE

ZIP

RELATIONSHIP TO DPA

DISTRIBUTION INSTRUCTIONS

Every Designated Fund requires permanent distribution instructions.

Select ONE distribution method.

☐ **OPTION A — ENDOWMENT-TYPE DISTRIBUTION**

This option provides annual distributions based on a percentage of the Fund balance.

ANNUAL DISTRIBUTION RATE	DISTRIBUTION MONTH	BEGINNING YEAR
%		

Note: This option is available for Funds with a minimum balance of \$100,000.

Minimum annual distribution: \$500

Annual distributions will be allocated among the designated charitable organizations according to the Allocation Percentage specified for each organization.

☐ **OPTION B — FIXED DISTRIBUTION INSTRUCTIONS**

This option provides annual fixed-dollar distributions for each designated charitable organization.

The Annual Distribution Amount, Distribution Month, and Beginning Year will be specified for each designated charitable organization.

Designated Charitable Organization(s)

Choose up to five (5) charitable organizations your Fund will support.

ORGANIZATION 1

If Option A was chosen:

ALLOCATION PERCENTAGE	%
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If Option B was chosen:

ANNUAL DISTRIBUTION AMOUNT	
DISTRIBUTION MONTH	BEGINNING YEAR

Charity Information

LEGAL NAME		EIN (if known)	
STREET			
CITY		STATE	ZIP
WEBSITE		PREFERRED PHONE	
GRANT PURPOSE (if not specified, Unrestricted Gift will be used)			

GRANT RECOGNITION ☐ Donor Name & Fund Name ☐ Fund Name Only ☐ Anonymous

ORGANIZATION 2

If Option A was chosen:

ALLOCATION PERCENTAGE	%
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If Option B was chosen:

ANNUAL DISTRIBUTION AMOUNT	
DISTRIBUTION MONTH	BEGINNING YEAR

Charity Information

LEGAL NAME		EIN (if known)	
STREET			
CITY		STATE	ZIP
WEBSITE		PREFERRED PHONE	
GRANT PURPOSE (if not specified, Unrestricted Gift will be used)			

GRANT RECOGNITION ☐ Donor Name & Fund Name ☐ Fund Name Only ☐ Anonymous

ORGANIZATION 3

If Option A was chosen:

ALLOCATION PERCENTAGE	%
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If Option B was chosen:

ANNUAL DISTRIBUTION AMOUNT	
DISTRIBUTION MONTH	BEGINNING YEAR

Charity Information

LEGAL NAME		EIN (if known)	
STREET			
CITY		STATE	ZIP
WEBSITE		PREFERRED PHONE	
GRANT PURPOSE (if not specified, Unrestricted Gift will be used)			

GRANT RECOGNITION ☐ Donor Name & Fund Name ☐ Fund Name Only ☐ Anonymous

ORGANIZATION 4

If Option A was chosen:

ALLOCATION PERCENTAGE	%
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If Option B was chosen:

ANNUAL DISTRIBUTION AMOUNT	
DISTRIBUTION MONTH	BEGINNING YEAR

Charity Information

LEGAL NAME		EIN (if known)	
STREET			
CITY		STATE	ZIP
WEBSITE		PREFERRED PHONE	
GRANT PURPOSE (if not specified, Unrestricted Gift will be used)			

GRANT RECOGNITION ☐ Donor Name & Fund Name ☐ Fund Name Only ☐ Anonymous

ORGANIZATION 5

If Option A was chosen:

ALLOCATION PERCENTAGE	%
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If Option B was chosen:

ANNUAL DISTRIBUTION AMOUNT	
DISTRIBUTION MONTH	BEGINNING YEAR

Charity Information

LEGAL NAME		EIN (if known)	
STREET			
CITY		STATE	ZIP
WEBSITE		PREFERRED PHONE	
GRANT PURPOSE (if not specified, Unrestricted Gift will be used)			

GRANT RECOGNITION ☐ Donor Name & Fund Name ☐ Fund Name Only ☐ Anonymous

FINANCIAL ADVISOR

The Financial Advisor listed below will manage the investment account for this fund. They may communicate directly with the donor(s) to guide investment strategy in accordance with iGiftFund's Statement of Investment Objectives and Guidelines. The Financial Advisor will have access to the donor portal to view funds they support.

FINANCIAL ADVISOR NAME		FIRM NAME	
FINANCIAL ADVISOR EMAIL		PHONE NUMBER	
		used for Two-Factor Authentication (2FA)	
STREET (Firm Address)			
CITY		STATE	ZIP
CUSTODIAN		LIQUIDITY CONTACT (for liquidity funding requests)	
(where the account will be held, e.g., Baird, LPL, Schwab)		☐ Use Financial Advisor email listed above	
		☐ Use different email for liquidity requests:	
		EMAIL	

INITIAL CONTRIBUTION

(Minimum \$25,000)

ESTIMATED VALUE (\$)

☐ Estimated Value of Initial Contribution

An investment account for the benefit of your fund will be established to receive assets. Please coordinate with your Financial Advisor to arrange funding of your account.

Pass-through contributions may be subject to additional fees. For details, please refer to the Program Description and Guidelines.

☐ Dry Fund/Testamentary Gift

The fund will be established without funding. An investment account will be opened once assets are contributed.

ACKNOWLEDGMENTS

By signing below: I/We acknowledge and agree to the following:

- iGiftFund is required to obtain, record, and verify identifying information for individuals associated with a Fund in accordance with applicable regulations.
- Contributions to a Designated Fund are irrevocable and become the property of the Independent Charitable Gift Fund.
- Donor Advisors establish the designated charitable organization(s) and permanent distribution instructions when the Fund is created. Once the Fund is established, iGiftFund will administer charitable distributions in accordance with those instructions and the Designated Fund Program Description & Guidelines.
- The designated charitable organization(s) and distribution instructions established for the Fund are intended to be permanent and generally may not be modified after the Fund is established, except as otherwise provided in the Designated Fund Program Description & Guidelines.
- Funds may be subject to investment management fees and expenses separate from iGiftFund's administrative fees.
- Charitable distributions must comply with applicable guidelines. Please refer to the Designated Fund Program Description & Guidelines for more details.
- iGiftFund reserves the right to modify the Designated Fund program in accordance with its governing policies.

DONOR PRIMARY ADVISOR (DPA)

PRINTED NAME	DATE	SIGNATURE
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JOINT ADVISOR
(if applicable)

PRINTED NAME	DATE	SIGNATURE
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