

# DONOR-ADVISED FUND APPLICATION

# **DONOR-ADVISED FUND APPLICATION**

Jewish Community Foundation of Greater MetroWest NJ (JCF) Donor-Advised Fund Application				
Please check: □ Original Application <u>OR</u>	□ Updat	e (indicate d	ate of origina	l agreement)
(If this is an update, please update only the	relevant p	parts of agreement and	sign the last p	age)
A. DONOR INFORMATION.  Donors to Donor-Advised Funds may name the following the designate recommenders and interested parties, a				allocations,
□ Each Donor may act independently	OR	□ Donors must act	jointly	
NAME OF DONOR 1		NAME OF DONOR 2 / REL	ATIONSHIP TO DO	NOR 1
BUSINESS NAME		BUSINESS NAME		
BUSINESS ADDRESS		BUSINESS ADDRESS		
CITY STATE ZIP		CITY	STATE	ZIP
( ) BUSINESS PHONE		( ) BUSINESS PHONE		
dosiness prone		business phone		
BUSINESS FAX		BUSINESS FAX		
HOME ADDRESS		HOME ADDRESS		
CITY STATE ZIP		CITY	STATE	ZIP
HOME PHONE		HOME PHONE		
( )		( )		
HOME FAX		HOME FAX		
EMAIL		EMAIL		
CELL PHONE		CELL PHONE		
May we text you in the future via cell phone? □ yes □ no		May we text you in the □ yes □ no	future via cell p	hone?
Preferred mailing address: ☐ home ☐	business			

Do you have a private foundation?  $\square$  yes  $\square$  no

### B. NAME YOUR FUND.

You have the privilege of naming your fund. Unless anonymity is requested, grants made from your fund will be accompanied by a letter which includes the fund name as well as the name and address of the persons recommending the grant. A fund number will be assigned to you once your initial contribution and donor application are received.

NAME OF YOUR FUND	
May we list your fund name in our Annual Report?	□ yes □ no
C. ADDITIONAL FUND RECOMMENDER If you would like to authorize additional family members or or please provide us with their contact information. (You may at will mail them our handbook <b>Guidelines about Donor-Advis</b> add or remove Recommenders from your fund at any time. It the privileges of recommendation that were conferred on the	other individuals to recommend grants from the fund, tach additional sheets if necessary). Upon request, we sed Funds and a Grant Recommendation form. You may Jpon the death of all Donors, Recommenders assume all
NAME	NAME
RELATIONSHIP TO DONOR	RELATIONSHIP TO DONOR
BUSINESS NAME	BUSINESS NAME
BUSINESS ADDRESS	BUSINESS ADDRESS
CITY STATE ZIP  ( ) BUSINESS PHONE	CITY STATE ZIP  ( ) BUSINESS PHONE
HOME ADDRESS	HOME ADDRESS
CITY STATE ZIP  ( ) HOME PHONE ( )	CITY STATE ZIP  ( ) HOME PHONE ( )
CELL PHONE  EMAIL	EMAIL
☐ Each Recommender may act independently OR	☐ Each Recommender must act jointly with a Donor

 $\square$  Each Recommender must act together with the other Recommenders

OR

## D. ELECTIVE RESTRICTIONS (OPTIONAL).

You may select up to two o	of the follow	ving options:			
			remaining in the fund shall be us Inited Jewish Appeal of Greater I		
	ll be used to	o establish an	nders (named in Section E), the l Annual Campaign Endowment		
☐ (3) Other limitation(s) (s	subject to ap	oproval by JC	F)		
MetroWest NJ during your successors through your e SUCCESSOR RECOMME following the death of the	oe submitted lifetime. Yo state plan (land) NDERS. Su last survivin less the don	u may change anguage in a ccessor Recor g Donor or R or has indica	nmenders assume all the privileg ecommender. A Successor Recor ted otherwise by checking Sectio	ny time. <b>You ma</b> res of recommen nmender may d	y not designate dation esignate his
NAME			NAME		
RELATIONSHIP TO DONOR			RELATIONSHIP TO DONG	OR	
BUSINESS NAME			BUSINESS NAME		
BUSINESS ADDRESS			BUSINESS ADDRESS		
CITY  ( ) BUSINESS PHONE	STATE	ZIP	CITY ( ) BUSINESS PHONE	STATE	ZIP
HOME ADDRESS			HOME ADDRESS		
CITY  ( ) HOME PHONE ( ) CELL PHONE	STATE	ZIP	CITY  ( )  HOME PHONE  ( )  CELL PHONE	STATE	ZIP
EMAIL			EMAIL		

Please check one option below regarding Successor Recomm	nenders:
☐ Each Successor may act independently <u>OR</u>	
☐ All Successors must act jointly <u>OR</u>	
☐ Divide remaining assets evenly to establish separate funds	s for each Successor
SUCCESSOR CHARITY. If you do not wish to name a Suc IRS-qualified public charities, or you may choose a combin describing the succession plan you would like to establish f to charity and who will serve as Successor Recommender(s additional sheets if necessary.) This may be modified in the	nation of both. If you choose both, please attach a letter for your fund indicating what percentage will go directly on the balance of assets in the fund. (You may attach
Please note: JCF is unable to make grants for non-charital foundations, individuals, or overseas organizations, altho support overseas charitable activities. Please refer to the "restrictions and guidelines.	ugh grants may be made to U.S. public charities that
NAME OF CHARITY	NAME OF CHARITY
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
CITT STATE ZII	( )
PHONE	( ) PHONE
	THORE
PERCENT OF FUND ASSETS	PERCENT OF FUND ASSETS
F. INTERESTED PARTIES. You may authorize your assistant, accountant, tax advisor, or Please select which privileges you would like to extend. The only during your lifetime. You may add or remove interest	e individual you name below will have these privileges
<ul> <li>□ Sign grant recommendations on my behalf, du</li> <li>□ Sign investment recommendations on my beh</li> <li>□ Obtain confidential information about my fun from JCF by phone, fax, mail, or online services</li> </ul>	alf, during my lifetime. d balance, contributions, and grant recommendations
NAME	NAME
RELATIONSHIP TO DONOR	RELATIONSHIP TO DONOR
BUSINESS NAME	BUSINESS NAME
BUSINESS ADDRESS	BUSINESS ADDRESS
CITY STATE ZIP	CITY STATE ZIP
( )	( )
BUSINESS PHONE	BUSINESS PHONE
EMAIL	EMAIL

## G. INITIAL CONTRIBUTION (For Original Applications Only)

		•		· ,	
CASH					
☐ Send che	eck \$		ıke payable to: vish Community Foı	andation of Greater M	IetroWest NJ
☐ Wire Cas	sh \$	Ple	ease contact us for wi	ring instructions to o	ur bank
☐ Credit ca	ard \$	Ple	ease call Beverly Kest	enbaum at 973-929-3	3063
MARKETA	BLE SECURITIES				
			send one copy of the rand a copy to JCF.	e Stock Transfer Advi	ce Form, available at
If you are co	ontributing stock co	ertificates or mutu	al funds, please call	Beverly Kestenbaum	at 973-929-3063.
Information a	STMENT ALL about the investment of ww.jcfmetrowest.org	bjectives and perfor	mance of JCF Pools (Eq	uity, Fixed Income, Man	aged and Money Market) is
Equity, Fixe have appropri	ed Income and Mor iate allocations to other	er JCF Pools (Equity,	Any fund holder opting , Fixed Income, Money I		
Fixed Income With respect t and (c) invest	and Money Market P to the ESG Pool, (a) th ments in the pool mu	ools must total 100% te minimum investm st remain for a minin	6. With respect to the Equent is \$25,000, and (b) num of 90 days.	uities Pool, the minimur	ations among the Equity, m investment is \$5,000. ot be made from this pool,
Equity, Fixe	ed Income and Mor	iey Market Alloca	tion: Fixed	Money	
	Equity	ESG	Income	Market	
					= 100%

# I. MANAGED POOL DISCLOSURE STATEMENT (FOR MANAGED POOL ALLOCATIONS ONLY)

Managed Pool Allocation:

The JCF Managed Pool attempts to provide a return that is equal or superior to a 60% equity / 40% fixed income portfolio at a lower volatility over an entire market cycle. Most "community funds" of the Jewish Community Foundation of Greater MetroWest NJ are invested in the Managed Pool.

(enter dollar amount here: minimum of \$250,000)

JCF Donor-Advised Funds (DAFs), Supporting Foundations and Custodial Accounts are permitted to make investments in the Managed Pool, but recommenders to such funds and trustees of such foundations should be aware that such investments should be viewed over a long time horizon. The Managed Pool's profile and liquidity limitations indicate that it best serves funds designed to be perpetuities or endowments – funds from which no more than income is to be distributed annually.

Any DAF, Supporting Foundation, or Custodial Account holder opting to allocate funds to the Managed Pool should first have appropriate allocations to other JCF pools (equity, fixed, money market) or other more liquid assets, allowing for appropriate liquidity to meet distribution needs.

A DAF, Supporting Foundation, or Custodial Account will be permitted to invest in the Managed Pool based on the following guidelines:

- 1. A minimum initial contribution of \$250,000 is required to invest in the Managed Pool. The balance may dip below this amount based on investment performance.
- 2. No distributions shall be made from the Managed Pool in the first year of investment. After that period, distributions from the pool are permitted, but are subject to limitations, as listed below.
- 3. No more than 25% of the original unit shares invested in the Managed Pool maybe distributed in any one 12-month period. For example: a fund invests \$250,000 in the pool at a value of \$25 per unit. Thus, the original investment is 10,000 units of the Managed Pool. In the future, a maximum of 2,500 units (25% of 10,000 units) may be sold/distributed from the pool in any given 12-month period, no matter what the dollar value of the pool may be at that time.
- 4. Due to the diversity of the Managed Pool's investments and its varying liquidity needs, advance notice for distributions from funds invested in the Managed Pool is requested, but not required.

If you would like to invest in the Managed Pool, please complete the allocation amount in Section H above and sign your initials in the box below to indicate your understanding and acceptance of the foregoing terms.

#### J. JCF FEE SCHEDULE

FUND ASSETS	ANNUAL FEE	Initial Here
Up to and including \$1 million	1.000%	
Over \$1 million to \$5 million	0.500%	
Over \$5 million to \$10 million	0.375%	
Over \$10 million	0.250%	

DAF minimum annual fee for funds opened with \$10,000 or more: \$350. New DAFs opened with \$5,000 to \$9,999 will enjoy an annual fee of \$175

K. ACKNOWLEDGMENTS (PLEASE CHECK ALL	BOXES)
☐ I acknowledge that I have reviewed the Frequently Asked Questions Managed Pool Disclosure Statement, and agree to their terms and/or this application is accurate and complete and I will notify JCF of any	or conditions. I certify that all information in
□ I acknowledge that if the donors have elected to act independently, recommend grant distributions, recommend investment alternative successors unless and until all donors notify JCF to the contrary. The in its discretion, forego taking any further action with respect to the instructions going forward.	es, and designate recommenders and ere may be circumstances in which JCF may,
☐ I understand that if no successor recommender or successor charity Community Foundation as indicated in section D, at the time of my the income and principal remaining in the fund will be transferred	death or the death of the last recommender,
L. SIGNATURES	
DONOR 1:	DATE:
DONOR 2:	DATE:
DONOR 3:	DATE:
How did you hear about the Jewish Community Foundation of □ ADVISOR □ EVENT □ MAILING □ PRESS □ NAME OF PERSON WHO REFERRED YOU: □	Greater MetroWest NJ? □ WEBSITE □ EMAIL
Accepted:  JEWISH COMMUNITY FOUNDATION OF GREATER METRO  Steven Levy, President  Kim Hirsh	OWEST, N.J., INC.
Sieven Levy, riesident Kim Hirsh	, Executive Director