

Thank you for your interest in establishing a Donor Advised Fund at the Community Foundation for Southeast Michigan and for providing the information below. After completing this form, please return it to the Community Foundation in the enclosed envelope.

Application

Donor/Founder Information

Today's date _____

Donor/Founder 1:

Mr./Mrs./Ms. _____

Name of business (if corporate fund) _____

Address _____

City/State/Zip _____

Phone: Business (_____) _____ Home (_____) _____

E-mail _____ Date of Birth (optional) ____ / ____ / ____

Donor Central Online Service – would you like online access to this fund? ____ yes ____ no

Donor/Founder 2:

Mr./Mrs./Ms. _____

Address _____

City/State/Zip _____

Phone: Business (_____) _____ Home (_____) _____

E-mail _____ Date of Birth (optional) ____ / ____ / ____

Donor Central Online Service – would you like online access to this fund? ____ yes ____ no

Fund Name

You may propose a name for this donor advised fund. Grants from the fund are accompanied by a letter acknowledging the donor advised fund name (e.g., "The Smith Family Fund") and donor recommending the grant, unless you request anonymity.

Proposed name of fund:

_____ Fund

The Community Foundation lists names of funds in its Yearbook (annual report) unless otherwise indicated. Only the name of the fund is listed. Do you want this fund listed in the Community Foundation Yearbook? (Please check one.)

____ Yes, I would like this fund listed in the Community Foundation Yearbook.

____ No, I prefer to be anonymous. Do not list this fund in the Yearbook.

Advisers to the Fund

Please list the initial adviser(s) to the fund (if different than founder(s))

Mr./Mrs./Ms. _____

Address _____

City/State/Zip _____

Phone: Business (_____) _____ Home (_____) _____

E-mail _____

Mr./Mrs./Ms. _____

Address _____

City/State/Zip _____

Phone: Business (_____) _____ Home (_____) _____

E-mail _____

Successor Advisers

If any, please name the successor advisers to this fund. Advisers can represent two generations of a family (usually, the founder and the founder's children). For non-family situations, please contact the Community Foundation about successor advisers.

Successor advisers to serve (check one):

___ concurrently ___ consecutively (if consecutively, list in order of succession)

1 Mr./Mrs./Ms. _____

Address _____

City/State/Zip _____

Phone: Business (_____) _____ Home (_____) _____

E-mail _____

Relationship to Donors _____

2 Mr./Mrs./Ms. _____

Address _____

City/State/Zip _____

Phone: Business (_____) _____ Home (_____) _____

E-mail _____

Relationship to Donors _____

3 Mr./Mrs./Ms. _____

Address _____

City/State/Zip _____

Phone: Business (_____) _____ Home (_____) _____

E-mail _____

Relationship to Donors _____

4 Mr./Mrs./Ms. _____
Address _____
City/State/Zip _____
Phone: Business (_____) _____ Home (_____) _____
E-mail _____
Relationship to Donors _____

Endowed or Nonendowed Fund

Please indicate whether you wish this fund to be an endowed fund or a nonendowed fund. *Note: A nonendowed fund can be converted to an endowed fund at any time. However, an endowed fund **cannot** later become nonendowed.*

Endowed fund: A permanent fund through which grants are made using a percentage of the fund as determined annually by the Board of Trustees. *All endowed donor advised funds are invested in the Community Foundation's endowment pool.*

Nonendowed fund: A fund in which the entire value of the fund is available for grantmaking.

For Nonendowed Funds Only: Recommended Investment Strategy

Nonendowed donor advised funds are invested in one of five investment strategies. Unless otherwise noted, funds will be invested in the balanced strategy. Please refer to our handout on investment strategy options, policies and procedures and indicate which investment you recommend for this fund (choose only one).

- Money Market
- Wealth Preservation
- Balanced – Default Allocation
- Growth
- All Equity

Note: Donor advisers with either endowed or nonendowed funds in excess of \$1 million may request approval to utilize a custom investment manager and strategy.

Areas of Charitable Interest

I generally support the following types of charities (check all that apply):

- Arts and Culture
- Human Services
- Environment
- Public/Society
- Education
- Other (please name) _____
- Health
- I have no specific area of interest

Professional Adviser Information

Please provide the contact information for your professional adviser(s).

Accountant:

Mr./Mrs./Ms. _____ Firm _____

Address _____

City/State/Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail _____ You may discuss my fund with this person

Attorney:

Mr./Mrs./Ms. _____ Firm _____

Address _____

City/State/Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail _____ You may discuss my fund with this person

Financial Adviser:*

Mr./Mrs./Ms. _____ Firm/Bank _____

Address _____

City/State/Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail _____ You may discuss my fund with this person

*If your financial adviser is registered with American Funds, please provide the following information:

Broker Dealer Name _____

Branch Name/Number _____

Branch Address _____

Branch Manager Name _____

Adviser/Broker Registered Representative Number _____

Please note that the American Funds may provide compensation to a financial adviser whose client establishes or maintains a donor advised fund with the Community Foundation for Southeast Michigan. However, that compensation is within sole control of American Funds and is netted from the stated investment fee and, as such, does not result in an additional fee or charge to the donor advised fund.

How did you hear about the Community Foundation Donor Advised Fund program?

Attorney Friend or family member Other: _____

Accountant Advertisement

Financial Adviser/Planner Community Foundation Web site

Your Signature

Please sign and date:

Founder 1 Date

Founder 2 Date

Donor Advised Fund

An effective, flexible solution for charitable giving

communityfoundation
FOR SOUTHEAST MICHIGAN

333 West Fort Street, Suite 2010
Detroit, MI 48226-3134
(313) 961-6675 or (888) 933-6369
www.cfsem.org

Thank you. We look forward to working with you.