

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.

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 _____

Email _____ Date of Birth (optional) ____ / ____ / ____

Donor Central Online Service | Would you like online access to this fund? _____ Yes _____ No

Donor/Founder 2:

Mr./Mrs./Ms. _____

Name of business (if corporate fund) _____

Address _____

City/State/ZIP _____

Phone: Business _____ Home _____

Email _____ 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.

ADVISORS TO THE FUND

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

Mr./Mrs./Ms. _____

Address _____

City/State/Zip _____

Phone: Business _____ Home _____

Email _____

Mr./Mrs./Ms. _____

Address _____

City/State/Zip _____

Phone: Business _____ Home _____

Email _____

SUCCESSOR ADVISORS TO THE FUND

If any, please name the successor advisors to this fund. Advisors 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 advisors.

Successor advisors to serve (check one):

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

1 Mr./Mrs./Ms. _____

Address _____

City/State/Zip _____

Phone: Business _____ Home _____

Email _____ Relationship to Donor _____

2 Mr./Mrs./Ms. _____

Address _____

City/State/Zip _____

Phone: Business _____ Home _____

Email _____ Relationship to Donor _____

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SUCCESSOR ADVISORS TO THE FUND, CONTINUED

3 Mr./Mrs./Ms. _____

Address _____

City/State/Zip _____

Phone: Business _____ Home _____

Email _____ Relationship to Donor _____

4 Mr./Mrs./Ms. _____

Address _____

City/State/Zip _____

Phone: Business _____ Home _____

Email _____ Relationship to Donor _____

ENDOWED OR NONENDOWED FUND

Please indicated 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

_____ Conservative

_____ Balanced – Default Allocation

_____ Growth

_____ All Equity

Note: Donor advisors 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
- Environment
- Education
- Other (please name) _____
- I have no specific area of interest
- Health
- Human Services
- Public/Society

PROFESSIONAL ADVISOR INFORMATION

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

Accountant:

Mr./Mrs./Ms. _____

Firm _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

You may discuss my fund with this person

Attorney:

Mr./Mrs./Ms. _____

Firm _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

You may discuss my fund with this person

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PROFESSIONAL ADVISOR INFORMATION, CONTINUED

Financial Advisor:*

Mr./Mrs./Ms. _____

Firm _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

_____ You may discuss my fund with this person

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

Broker Dealer Name _____

Branch Name/Number _____

Branch Address _____

Branch Manager Address _____

Advisor/Broker Registered Representative Number _____

Please note that the American Fund may provide compensation to a financial advisor 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

_____ Accountant _____ Financial Advisor/Planner

_____ Advertisement _____ Community Foundation website

_____ Other _____

YOUR SIGNATURE

Please sign and date:

Founder 1 Date

Founder 2 Date

Community Foundation

FOR SOUTHEAST MICHIGAN

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Fax: 313.961.2886

www.cfsem.org

Thank you. We look forward to working with you.