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## DONOR ADVISED FUND AGREEMENT

*A Donor Advised Fund (DAF) is a philanthropic account where a donor sets aside money for charitable contributions. A DAF represents a flexible alternative to creating a private foundation and to handling direct giving. Once established, the donor (or anyone designated by the donor) can recommend grants at any time to any Jewish or secular charitable organization, so long as the designated recipient organization is a 501(c)(3) organization. The Foundation will review all designations to ensure that they qualify.*

Date \_\_\_\_\_ ☐ New Fund ☐ Updated Fund ☐ Memorial Fund

A. Fund Name \_\_\_\_\_

### B. Active Grant Advisor Information

The Active Grant Advisor(s) for Donor Advised Funds may recommend grant distributions from the Fund. For two or more Active Grant Advisors, please note that the quarterly fund statement will be mailed to Active Grant Advisor 1. All Active Grants Advisors may be given access to the Fund online account. If you would like to name more than two Active Grant Advisors, please provide the requested information on additional paper or in a supplemental email.

#### Active Grant Advisor 1

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_

Company \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Referred By \_\_\_\_\_

Advisor 1 relationship to Advisor 2 \_\_\_\_\_

#### Active Grant Advisor 2

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Company \_\_\_\_\_  
 Occupation \_\_\_\_\_ Title \_\_\_\_\_  
 Referred By \_\_\_\_\_  
 Advisor 2 relationship to Advisor 1 \_\_\_\_\_

### C. Succession Options

Active Grant Advisors must choose a succession option upon the death, disability or resignation of all Active Grant Advisors. You may select more than one option. For example, some Advisors name Successors (often adult children) to continue to use the fund while also designating a certain percentage or dollar amount to be distributed to select nonprofit organizations. If no Succession option is selected, the remaining assets in the fund will be transferred to a fund of the Jewish Community Foundation.

*The Jewish Community Foundation staff is available as a resource to discuss these succession options and to help identify the best one for you and your family.*

**Please indicate your succession intention(s) from the options detailed below. If you intend to select more than one option, please send a letter to JCFGM signed by the Active Grant Advisors, indicating your succession preferences.**

- **Option 1:** The fund assets will be retained in the fund with the following individual(s) named as Successor and serving in the same capacity as the Active Grant Advisors:

#### *Successor 1*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Business Phone \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Relationship to Active Grant Advisor(s) \_\_\_\_\_

#### *Successor 2*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Relationship to Active Grant Advisor(s) \_\_\_\_\_

- **Option 2:** The fund assets will be transferred to the Jewish Community Foundation as a restricted fund (under the original fund name or a new fund name) to benefit the following nonprofit organization(s), scholarship or area(s) of interest:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Note: A minimum balance of \$25,000 is required to open a restricted fund and a balance of \$50,000 is required to begin distributions. Foundation staff will follow-up with you to understand your intentions about the terms under which distributions will be made and other terms governing the management of the restricted fund.*

- **Option 3:** The fund assets will be transferred to an unrestricted fund of the Jewish Community Foundation.
- **Option 4:** The fund assets will be transferred to one or more nonprofit organizations, fulfilling my LIFE & LEGACY Promise (or other planned gift). Below, please indicate a percentage or dollar amount of fund assets for each recipient organization.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Note: If you select Succession options 2, 3 or 4, the original donor advised fund will be closed and the assets will be disbursed as indicated.*

#### D. Professional Parties

It is helpful to know if you are working with a Professional Advisor (such as an attorney, accountant or financial planner) to provide guidance on your charitable planning.

##### *Professional Party 1*

Name \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Phone / type \_\_\_\_\_  
 Email Address \_\_\_\_\_

*Professional Party 2*

Name \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Phone / type \_\_\_\_\_  
 Email Address \_\_\_\_\_

**E. Initial Contribution**

Funds may be established with a minimum contribution of \$6,000 and must maintain a minimum balance of \$6,000. Please indicate how the initial contribution will be made.

☐ Check \$ \_\_\_\_\_

Please make check payable to the Jewish Community Foundation of Greater Mercer and note the fund name in the memo line

☐ Marketable Securities

For transfers of securities, please notify Foundation staff about the transaction at 609-524-9914 or at [info@foundationjewish.org](mailto:info@foundationjewish.org)

Broker Name \_\_\_\_\_  
 Firm Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Name of Security 1 \_\_\_\_\_  
 Number of Shares or Units \_\_\_\_\_  
 Name of Security 2 \_\_\_\_\_  
 Number of Shares or Units \_\_\_\_\_

**F. Recognition and Acknowledgement**

Do you wish to remain anonymous?

☐ Yes ☐ No

May we list your Fund's name in publications (JCFGM website, annual report, etc.)?

☐ Yes ☐ No

Would you like grant recipients to know that your Fund is the source of the grant?

☐ Yes ☐ No

**G. Signature(s)**

I acknowledge that I have read the ***Fund Policies & Procedures*** and agree to the terms and conditions described therein. I understand that any contribution, once accepted, represents an irrevocable contribution to the Jewish Community Foundation and is not refundable to me. I hereby certify that to the best of my knowledge all information

presented in connection with this form is accurate and I will notify the Foundation promptly of any changes.

Active Grant Advisor 1 signature \_\_\_\_\_ Date \_\_\_\_\_

Active Grant Advisor 2 signature \_\_\_\_\_ Date \_\_\_\_\_

As representatives of the Jewish Community Foundation of Greater Mercer, we acknowledge receipt of your contribution to establish a Donor Advised Fund.

Executive Director \_\_\_\_\_ Date \_\_\_\_\_

Trustee \_\_\_\_\_ Date \_\_\_\_\_

*It is intended that the fund shall not constitute a separate trust, and that nothing in this Agreement shall affect the status of the Foundation as an organization described in Section 501(c)(3) of the Code and as an organization which is not a private foundation within the meaning of Section 509(a) of the Code. The Foundation is authorized to amend this Agreement to conform to the provisions of any applicable law or government regulation in order to carry out the foregoing intention.*