



Advisors
Charitable
Gift Fund

Account Application

The Donor Advised Funds described in this investment allocation request are a program of Advisors Charitable Gift Fund, Inc. ACGFund is a public charity and donor advised fund. Donations to the fund are irrevocable charitable gifts when made and cannot be returned.



Please mail or fax this
Request to:

Advisors Charitable Gift Fund
12 Gill Street Suite 2600
Woburn, Massachusetts 01801

Phone: 877-677-2243

Fax: 781-658-2497

Email: NRS_ACGFund@nrstpa.com

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❖ **REQUIRED DOCUMENTS**

Primary Donor Information.....Page 1-2

- *An Individual, corporation, partnership trust, other donor advised fund account or estate. The Primary Donor advises the Fund on the investment of his/her accounts' assets, as well as advise the Fund on the granting of his/her accounts' assets to qualified public nonprofits. Appoints the Secondary Donor.*

Financial Advisor Information.....Page 3

- *ACGFund's donors benefit from the wisdom and professional advice of their financial advisor to help guide them through the completion of this application and the investment process. The Financial Advisor listed above will be provided information about this Donor Account to complete his or her work on behalf of the donor.*

Charitable Contribution.....Page 4 - 5

- *ACGFund welcomes initial contributions of \$5,000 or more. Once an account is open, additional contributions of \$500 or more can be made at any time. Please note that ACGFund cannot accept tax-exempt securities or securities held for one year or less. Funds may be gifted to ACGFund via the contribution of cash, wire or securities.*

Asset Allocations.....Page 6

❖ **OPTIONAL DOCUMENTS** *(These documents are not required to open an account)*

Secondary Donor information.....Page 7

- *Appointed by the Primary Donor. Can add to the fund, view the account, make grant recommendations; however, cannot make investment decisions, change beneficiaries, etc...*

Successor Donor.....Page 8

- *An individual who has been named by a Primary Donor as his or her successor upon death for an account*

Charitable Beneficiary.....Page 9

- *A qualifying nonprofit able to receive funds granted by a Donor Account*

ACGFund
Primary Donor Information



Date: _____
[Month / Day / Year]

To: The Directors of Advisors Charitable Gift Fund

It is my/our desire to create a new Donor Account with Advisors Charitable Gift Fund ("ACGFund"). I/we wish to name this account:

[Name of fund, i.e., The Jackson Family Giving Fund, All-Africa Education Fund, etc.]

I/We irrevocably gift and transfer to the Advisors Charitable Gift Fund ("ACGFund") the property (cash, stocks, mutual funds, etc.) described on the following pages and attached to this agreement.

1. I/we acknowledge that securities transferred to the ACGFund may be sold or retained as investments of ACGFund at ACGFund's sole discretion.
2. Any additional contributions made by me/us from time to time to the account created by this Gift Agreement that are accepted by the ACGFund are to be governed by the ACGFund's Program Description and this Account Application and will not require an additional Gift Agreement be signed and delivered.
3. I/we represent and warrant that the information provided by me/us on this Gift Agreement, including attachments, is true and correct and I/we will indemnify the ACGFund against any losses it may suffer due to any misrepresentations, breach or failure of such representations.
4. I/we acknowledge that I/we have received and read ACGFund Program Description, and agree to the fees and other terms conditions described therein.
5. I/we agree to notify ACGFund of changes (i.e., change of permanent address, etc.) to this Gift Agreement including attachments.

[Primary Donor – signature]

*[Secondary Donor – signature]

[Primary Donor – name printed]

*[Secondary Donor – name printed]

**Sign the Secondary Donor line only if applicable. If there is a Secondary Donor, please complete page 6, the Secondary Donor Form (V1608)*

Primary Donor

Please enter the following information about the Primary Donor for this account:

Please complete all fields.

[Donor Name – first / middle / last]

[Legal mailing address 1 / street]

[Date of birth]

[Legal mailing address 2 / street]

[Cell phone]

[Legal mailing address City / State / Zip]

[Night time phone]

[E-mail address] @ _____

In future correspondence, how shall we address the Primary Donor?

[Bill, Valerie, Honorable Ms. Jones, Dr. Francis Jones, etc.]

Will there be one or two donors*
for this account?

◇ One

◇ Two

**If two or more, please provide information about the additional donors on the Secondary Donor Form. The Primary Donor, listed above, will have the ability to make contributions and recommend grants, successors and beneficiaries. The Secondary Donor listed on page 6 will have the ability to make contributions and recommend grants. Correspondence of record will be sent to the mail and/or e-mail address of the Primary Donor.*

Financial Advisor

Please enter the following information about the financial advisor associated with this Donor Account: Fax 781-658-2497

[Adviser's name – first, middle & last]

[Name of Adviser's firm]

[Representative number, if applicable]

[Broker/Dealer firm, if different]

[Branch number, if applicable]

[E-mail address][@ _____]

[Mailing address 1 / Street]

[Daytime phone]

[Mailing address 2 / Street]

[Cell phone]

[Mailing address City / State / Zip]

[Fax]

Charitable Contributions

Anticipated date that the asset listed below will arrive at ACGFund: _____
[Month / Day / Year]

◇ Check: Please make check payable to the Advisors Charitable Gift Fund and mail with this application to:

ACGFund
12 Gill Street, Suite 2600
Woburn, MA 01801

◇ Bank Wire: Please mail an application to ACGFund before wiring funds to:

Boston Private Bank and Trust
10 Post Office Square, Boston, MA. 02109
ABA #011002343
Account #953225925
Beneficiary – ACGFund

Stock/Mutual Funds Instructions Only:

Before sending in any Stocks or Mutual Funds you will need to get from the ACGFund a unique Benefit Trust Broker account number that will be used along with these instructions on your internal forms.

DEPOSITORY TRUST COMPANY: **Agent Bank # 20997**
Participant # 0997
Fund # GG2U
Acct# TBD

MUTUAL FUND REGISTRATION:

Registration Name: **Benefit Trust Company FBO**
Advisors Charitable Fund

Registration Address: **PO Box 12765**
Overland Park, KS 66282

EIN: **010782573**

DTCC Participant Number: **0761**
Acct# TBD

Please duplicate and complete this page for as many securities, wires or checks as are being contributed to fund a Donor Account. Donors and/or financial advisers are requested to send ACGFund the above information prior to the authorization of wires. All gifts are irrevocable and when made and cannot be returned. The value of the gift is established on the Gift Date by ACGFund and is net of any fees. Advisors Charitable Gift Fund is recognized by the Internal revenue Service as a public charity under IRS Code Section 501(c)(3).

For Stocks or Mutual Funds please fill out this form for ***each*** one.

<i>Value of Shares in US \$ (approx)</i>	
<i>Exact Number of Shares Whole Numbers (no fractions)</i>	
<i>Name of Security and CUSIP</i>	
<i>Symbol of Security</i>	
<i>Originals Purchase Date of Stock (must be greater than one year) Month Day Year</i>	
<i>Brokerage Firm Delivering the Shares</i>	
<i>DTC Number of Delivering Brokerage Firm</i>	

Please duplicate and complete this page for as many securities, wires or checks are being contributed to fund a Donor Account. Donors and/or Financial Advisors are requested to send ACGFund the above information prior to the authorization of wires. All gifts are irrevocable and when made cannot be returned. The value of the gift is established on the Gift Date by the ACGFund and is net of any fees. Advisors Charitable Gift Fund is recognized by the Internal Revenue Service as a public charity under IRS Code Section 501(c)(3).

Allocation Request ACGFund Investment Allocation

Please indicate the percentage of your Donor Account that is to be invested in each investment option. Remember that the total cannot exceed 100%. Thank you!

_____ **% Mission Funder (AFAXX)**

This investment option preserves a Donor Account's assets. It is used by a Donor to preserve funds for a pending grant request and ACGFund's administrative fee. These funds are one hundred percent invested in the cash Management Trust of America, a money market fund. ACGFund recommends that this allocation be at least 1%.

_____ **% American Funds Preservation Portfolio (PPVAX)**

This fund seeks to provide donors with income consistent with capital preservation to help support future grant making.

_____ **% American Funds Moderate Growth and Income Portfolio (BLPAX)**

This fund offers exposure to a mix of global stocks and bonds that can temper the impact of volatility on an overall portfolio to help a donor meet future needs and goals.

_____ **% American Funds Growth Portfolio (GWPAX)**

This fund seeks to help donors pursue longer term goals through exposure to a diverse mix of stocks of companies with strong growth potential.

The American Funds Preservation, Balanced and Growth Portfolios are designed to help donors realize their real life – including philanthropic – objectives. A senior team of American Funds investment professionals oversees each portfolio. Each has an objective, e.g., preservation, balance and appreciation. Each is a blend of individual American Funds, all with a proven track record. Each is aligned with its objective and rebalanced from time to time.

Secondary Donor

Please enter the following information about the Secondary Donor or donors for this account:

[Donor Name – first / middle / last]

[Legal mailing address 1 / street]

[Date of birth]

[Legal mailing address 2 / street]

[Daytime phone]

[Legal mailing address City / State / Zip]

[Night time phone]

[E-mail address] @ _____

[Cell phone]

Secondary Donor is a US citizen: Yes No

In future correspondence, how shall we address the Secondary Donor?

[Norma, Frank, The Rev. Mark Jones, etc.]

Successor Donor

A Successor Donor *may* be named. This Successor Donor will guide the distribution of assets in the account due to the Primary Donor's renunciation or after the Primary Donor's death. If a Successor Donor is not named, ACGFund will follow the instructions listed on Attachment 5, Charitable Beneficiaries.

[Successor Name – first / middle / last]

[Legal mailing address 1 / street]

[Date of birth]

[Legal mailing address 2 / street]

[Daytime phone]

[Legal mailing address City / State / Zip]

[Night time phone]

_____ @ _____
[E-mail address]

[Cell phone]

Your successor is a US citizen: Yes No

It is important that a Donor notify ACGFund of changes (i.e., change of permanent address, etc.) in the above information. We have found that the above information may change over time.

Charitable Beneficiaries

Upon the death of a Primary Donor, the value of an account *may* be distributed to qualified tax-exempt nonprofits. If the Primary Donor has named a Successor Donor, the Successor Donor will become the Primary Donor and the following information will be treated as guidance. However, if the Primary Donor has not listed a Successor Donor, ACGFund uses the following recommendations as the Account's assets are distributed.

Since the Primary Donor may want ACGFund to distribute the value of your account to as many as ten non-profits, please copy the following page and provide the necessary information. **To make changes to recommendations, please notify ACGFund in writing.** Remember that the total of all distributions cannot add up to more than 100%.

- ◇ The Primary Donor recommends that ACGFund distribute the remainder interest of his/her gift to the following tax-exempt charitable organization(s). Recommendations must be approved by the Board of Directors of ACGFund.

_____ %
[Percentage of the Donor Account to be distributed to this nonprofit.]

[Nonprofit's name]

[Mailing address 1 / Street]

[Daytime phone]

[Mailing address 2 / Street]

[Cell phone]

[Mailing address City / State / Zip]

[Fax]

[Federal Tax ID Number, if available]

[E-mail address] @ _____

[Special instructions or purpose, if applicable]

- ◇ I recommend that ACGFund treat the above distribution of my remainder interest as a long-term endowment for the benefit of the above named nonprofit. As such, ACGFund is asked to distribute this endowment in the following manner:

\$ _____ per year until the account is depleted.

---or---

_____ % of the endowment per year until the account is depleted.