## Donor Advised Fund Agreement



#### Successor Appointment

donor advised fund (daf) name				fund number		
Your Donor Advised	l Fund may be used to	establish a legacy o	of giving that will last for gen	erations.		
			cate your Successor Allocatio ation's Permanent Legacy Fu			
the last remaining successor. A Successor. Success minimum or to re exercise either or	g Account Holder. If the cessor Recommender n ors with an allocated l commend grants equa ption, the balance will	ere are multiple succes may designate his or balance under \$5,00 Il to the allocated bal transfer to The Founc	der assumes all the privileges ssors, assets will be divided ed her own successors. Successo 10 have one year to make ad ance. If a successor (or a leg lation's Permanent Legacy Fur d via a legal guardian. Attac	qually to establish separated or DAFs must be funded volitional contributions to ral guardian in the case cond. Successor recommend	e DAFs for each vith a minimum of each the \$5,000 f a minor) does not lers must be 18	
NAME OF SUCCESSOR RECOMMENDER			NAME OF SUCCESSOR	NAME OF SUCCESSOR RECOMMENDER		
BIRTHDATE			BIRTHDATE	BIRTHDATE		
RELATIONSHIP TO DONOR			RELATIONSHIP TO DON	RELATIONSHIP TO DONOR		
HOME/PRIMARY ADDRESS			HOME/PRIMARY ADDR	HOME/PRIMARY ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP	
BUSINESS/SECONDARY	'ADDRESS		BUSINESS/SECONDAR	Y ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP	
HOME/PRIMARY PHONE			HOME/PRIMARY PHON	HOME/PRIMARY PHONE		
BUSINESS/SECONDARY PHONE			BUSINESS/SECONDAR	BUSINESS/SECONDARY PHONE		
EMAIL			EMAIL			

# Donor Advised Fund Agreement



□ Option 2 – Successor Charity. You may recommend the last remaining Account Holder. If a named entidesignated for that entity will be distributed to The	tity is no longer a qualified grant recip	pient at the time of distribution, the portion		
NAME OF SUCCESSOR CHARITY 1	NAME OF SUCCESS	NAME OF SUCCESSOR CHARITY 2		
EIN/TAX ID	EIN/TAX ID	EIN/TAX ID		
ADDRESS	ADDRESS			
CITY STATE ZIP	CITY	STATE ZIP		
PHONE	PHONE			
in perpetuity following the death of the last remain If you select this option, we will contact you to cus balance will be distributed in a one-time, lump sur charity is no longer a qualified grant recipient, the Option 4 – The Foundation's Permanent Legacy Fur you will support The Foundation's Cutting Edge Grant Building for Jewish L.A.) and General Community www.jewishfoundationla.org/grantees.  Option 5 – The Foundation's Israel Grants. By design The Foundation's Israel Grants. To view a list of grantees.	stomize an Endowment Agreement form grant to the fields of interest or name portion designated for that charity wand. By designating The Foundation's trants (New and Innovative Programs y Grants (Helping Angelenos in Needignating The Foundation's Israel Granting The Foundation The	or you. If the \$25,000 minimum is not met, the med charities in the agreement. If a named will be distributed pursuant to the agreement.  Permanent Legacy Fund as your DAF successor, in Jewish L.A.), Next Stage Grants (Capacity ed). To view a list of grant recipients, visit		
Successor Allocation  Your allocation must total 100%. Indicate below % of Fund to Successor Recom % of Fund to Successor Charit % of Fund to Successor Charit % of Fund to Successor Endow % of Fund to The Foundation's % of Fund to The Foundation's	nmender(s) ty 1 ty 2 wment s Permanent Legacy Fund	ions.		
100%				

### Donor Advised Fund Agreement



#### Acknowledgment and Signatures

I acknowledge that I have read the Jewish Community Foundation's Terms and Conditions and agree to the terms and conditions described therein. I understand any contribution, once accepted by the Jewish Community Foundation's Board of Trustees, represents an irrevocable gift to the Jewish Community Foundation.

The Jewish Community Foundation Board of Trustees has variance power under IRS regulations, and this gift is not refundable to me.

I hereby certify, to the best of my knowledge, that all information presented within this form is accurate, and I will notify the Jewish Community Foundation promptly of any changes.

FUND NUMBER:
PRIMARY FUND ADVISOR SIGNATURE
PRINT NAME
DATE
FUND ADVISOR SIGNATURE
PRINT NAME
DATE
THE JEWISH COMMUNITY FOUNDATION AUTHORIZED SIGNATURE
PRINT NAME
TITLE
DATE ACCEPTED
SPECIAL INSTRUCTIONS: