



Secured Donor Advised Fund Application/Agreement

Type of Fund Account:

_____ Participating _____ Non-Participating

Donor Information:

Primary Donor _____

Mr./Ms. First Middle Initial Last

Address _____

Street

City

State

Zip Code

Phone _____ **E-Mail** _____

Social Security Number _____ **Date of Birth** _____

Donor #2:

Primary Donor _____

Mr./Ms. First Middle Initial Last

Address _____

Street

City

State

Zip Code

Social Security Number _____ **Date of Birth** _____

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NOTE: If you would like to list additional individuals as donor advisors on the fund with full authority to make grant recommendations, please attach their names and full contact information.

Fund Name: _____

Please select a name for your fund account. Usually donors choose to name their fund in honor of themselves, their family, a relative or a friend, for example, "The Smith Family Fund". Donations will be listed by the fund account name in publications unless anonymity has been requested.

Fund Beneficiary/Successor:

The account holder(s) may designate a beneficiary/successor to succeed as Donor Advisor of the fund after their death, incapacity or other disqualification. Or the account holder(s) may elect specific charities to receive all or a percentage of the fund. If a successor(s) or a named charitable organization is not named, the Giving Center will transfer the balance of the fund to their unrestricted general fund, Giving Center's General Fund.

If you would like to add more than four beneficiaries/successors to succeed you as a Donor Advisor of the fund, please attach a list of their names and complete contact information along with any special instructions if applicable.

Successor 1: _____
Mr./Ms. First Middle Initial Last

Address _____
Street

City State Zip Code

Phone _____ **E-Mail** _____

Social Security Number _____ **Date of Birth** _____

Successor 2: _____
Mr./Ms. First Middle Initial Last

Address _____
Street

City State Zip Code

Phone _____ **E-Mail** _____

Secured Donor Advised Fund Application/Agreement

Social Security Number _____ Date of Birth _____

NOTE: Unless prior arrangements were made by the Donor Advised Fund owner, once the beneficiaries/successors have been given full grant making recommendations he/she will be given the opportunity to name their own beneficiary/successor. In the case of not having a beneficiary/successor, recommendations to named charitable organizations or special interest groups can be made to disburse the balance of the fund.

Fund Beneficiary/Successor Continued:

Successor 3: _____

Mr./Ms. First Middle Initial Last

Address _____

Street

City State Zip Code

Phone _____ **E-Mail** _____

Social Security Number _____ **Date of Birth** _____

Successor 4: _____

Mr./Ms. First Middle Initial Last

Address _____

Street

City State Zip Code

Phone _____ **E-Mail** _____

Social Security Number _____ **Date of Birth** _____

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Please select one of the options below:

_____ Successor(s) named above succeed the donor(s) with full grant making recommendations, jointly if more than one successor is named.

_____ Separate accounts will be created for each of the successor(s) named above, in equal amounts with a \$10,000 minimum balance per account. If each such account would not meet the minimum balance requirement, the successor(s) would have the option of recommending distributions(s) of the entire amount or combining the accounts to create a single account with at least a \$10,000 balance.

Fund Charitable Organizations(s) Successor:

As opposed to naming a beneficiary/successor, I (we) wish to have the account balance disbursed to the following charitable organizations as instructed.

Organization 1 _____

Address: _____

Street

City

State

Zip Code

Phone _____ **Tax ID** _____

Choose one of the following disbursement options:

Percent of Fund Account _____ **Dollar Amount** _____

If you would like to include additional charitable organizations, please attach any additional sheet(s) listing the organizations and their complete contact information including the dollar amount or percentage you wish to have disbursed to each organization.

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NOTE: The charitable organizations and disbursements listed above must meet Grant Making Guidelines of Giving Center.

Upon completion of this form, please mail to:

Giving Center
Attention: DAF Dept.
1175 W Shaw Ave #104-135
Clovis, CA 93612