



# General Charitable Fund Application

Updated February 2019

## A. FUNDHOLDER INFORMATION

Fundholders may name the fund, recommend grant distributions, recommend investment allocations, designate Authorized Parties, and submit a succession plan.

\_\_\_\_\_  
Name of Fundholder 1

\_\_\_\_\_  
Name of Fundholder 2

\_\_\_\_\_  
Preferred name/nickname

\_\_\_\_\_  
Preferred name/nickname

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
\*Last 4 digits of Social Security (required for security purposes)

\_\_\_\_\_  
\*Last 4 digits of Social Security (required for security purposes)

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Business name

\_\_\_\_\_  
Business name

\_\_\_\_\_  
Business address

\_\_\_\_\_  
Business address

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

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

\_\_\_\_\_  
Business phone

\_\_\_\_\_  
Business phone

\_\_\_\_\_  
Home address

\_\_\_\_\_  
Home address

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

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

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

\_\_\_\_\_  
Synagogue

\_\_\_\_\_  
Synagogue

Preferred mailing address:  Home  Business

Preferred mailing address:  Home  Business

Preferred phone:  Home  Cell  Business

Preferred phone:  Home  Cell  Business

Please describe relationship between Fundholders (i.e spouses, siblings, etc.): \_\_\_\_\_



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## SALUTATION

Please indicate how you would like to be acknowledged on the letter that accompanies grant checks:

Dear: \_\_\_\_\_  
(e.g., Dear John and Jane; Dear Mr. and Mrs. Smith)

## B. NAME YOUR FUND

You have the privilege of naming your fund. Grants made from your fund are accompanied by a letter which includes the fund name, as well as the name and address of the person recommending the grant, unless anonymity is requested.

Name of your fund \_\_\_\_\_

May we list your fund name in our Annual Report?  Yes  No

Is this fund for a special occasion (i.e. wedding, memorial, anniversary, etc.)? \_\_\_\_\_

## C. AUTHORIZED PARTIES

You may authorize your assistant, accountant, tax advisor, family member or other person to obtain confidential information about your fund balance, contribution and grant history, and financial information by phone, fax, mail or online. The individual(s) you name below will have these privileges only during your lifetime. You may add or remove Authorized Parties at any time by written request.

**Please select which additional privileges, if any, you would like to extend.**

- Sign grant recommendations on my behalf
- Recommend grants in his/her own name
- Sign investment recommendations on my behalf
- No additional privileges

- Sign grant recommendations on my behalf
- Recommend grants in his/her own name
- Sign investment recommendations on my behalf
- No additional privileges

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
\*Date of birth – required for security purposes

\_\_\_\_\_  
\*Date of birth – required for security purposes

\_\_\_\_\_  
Relationship to Fundholder

\_\_\_\_\_  
Relationship to Fundholder

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Company

\_\_\_\_\_  
Company

\_\_\_\_\_  
Preferred address

\_\_\_\_\_  
Preferred address

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

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

\_\_\_\_\_  
Preferred Phone  Home  Cell  Business

\_\_\_\_\_  
Preferred Phone  Home  Cell  Business

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email



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## D. SUCCESSION PLAN

Your donor advised fund may be used to establish a legacy of giving that will last for generations. If you would like assistance developing a succession plan that meets your long-term philanthropic objectives, please call us at (212) 752-8277.

You can leave your fund to individual(s), charitable organization(s), or a combination of the two. Please choose from the following:

- I would like individual(s) to succeed me on my fund (please fill out part I).
- I would like charitable organization(s) to succeed me on my fund (please skip to part II).
- I would like to divide remaining fund assets between individual(s) and charities (please skip to part III).

All succession plans must be submitted in writing and approved by the Jewish Communal Fund during your lifetime. You may change your successor designations at any time. You may not designate successors through your will.

## I. DESIGNATING INDIVIDUAL SUCCESSOR(S)

Please select one of the following options: *(Please attach additional sheets if necessary.)*

- Each successor may act independently,  
OR
- Divide remaining assets evenly to establish separate funds for each successor

\_\_\_\_\_  
Name of Successor 1

\_\_\_\_\_  
Name of Successor 2

\_\_\_\_\_  
\*Date of birth – required for security purposes

\_\_\_\_\_  
\*Date of birth – required for security purposes

\_\_\_\_\_  
Relationship to Fundholder

\_\_\_\_\_  
Relationship to Fundholder

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

Additional Instructions:



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## I. DESIGNATING INDIVIDUAL SUCCESSOR(S), continued

\_\_\_\_\_  
Name of Successor 3

\_\_\_\_\_  
\*Date of birth – required for security purposes

\_\_\_\_\_  
Relationship to Fundholder

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name of Successor 4

\_\_\_\_\_  
\*Date of birth – required for security purposes

\_\_\_\_\_  
Relationship to Fundholder

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

## II. DESIGNATING A CHARITY

If you do not wish to name a successor, you may recommend that the remaining assets in the fund be distributed upon your death to one or more qualified public charities. The charities are subject to review and approval by the Jewish Communal Fund. If the organization is no longer a public charity or is not otherwise approved by JCF, we will transfer the income and principal remaining in the fund to the JCF Special Gifts Fund. *(Please attach additional sheets if necessary.)*

\_\_\_\_\_  
Name of organization

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Percent of fund assets

Additional Instructions:

\_\_\_\_\_  
Name of organization

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Percent of fund assets



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### III. DESIGNATING INDIVIDUALS AND CHARITIES

If you would like to divide your fund's assets between individual(s) and one or more qualified public charities, please fill out the section below. *(Please attach additional sheets if necessary.)*

\_\_\_\_\_  
Name of individual successor

\_\_\_\_\_  
Name of organization

\_\_\_\_\_  
\*Date of birth – required for security purposes

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship to Fundholder

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

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

\_\_\_\_\_  
Website

\_\_\_\_\_  
Phone Email

\_\_\_\_\_  
Contact person (if any)

\_\_\_\_\_  
Percentage of fund assets

\_\_\_\_\_  
Percentage of fund assets

### E. IRREVOCABLE CONTRIBUTION: \$5,000 is the minimum required to establish a fund.

#### CASH

- Send check      Make payable to Jewish Communal Fund      \$ \_\_\_\_\_
- Wire cash      Please call JCF before wiring      \$ \_\_\_\_\_
- Credit Card      Please call JCF regarding credit card fees      \$ \_\_\_\_\_
- Inter-fund transfer      Recommend grant to JCF and include new fund name under purpose      \$ \_\_\_\_\_

#### SECURITIES

If you are transferring securities via DTC, please send one copy of the *Securities Transfer Instructions* form to your broker and one copy to the Jewish Communal Fund prior to transferring assets.

\_\_\_\_\_  
Broker name:      Firm name:      Telephone:

\_\_\_\_\_  
Name of security:      Number of shares or units:      Approximate dollar amount:

\_\_\_\_\_  
Broker name:      Firm name:      Telephone:

\_\_\_\_\_  
Name of security:      Number of shares or units:      Approximate dollar amount:

**MUTUAL FUND SHARES:** Please call JCF at (212) 752-8277 for transfer instructions.



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## F. ACKNOWLEDGMENTS

- ✓ I acknowledge that I have read the Policies and Procedures booklet and agree to its terms and/or conditions. I certify that all information in this application is accurate and complete, and I will notify the Jewish Communal Fund of any changes.
- ✓ I understand that any contribution, once accepted by JCF, represents an irrevocable charitable contribution to JCF and is non-refundable.
- ✓ I acknowledge that the Fundholders have elected to act independently, and each Fundholder has the right to name the fund, recommend grant distributions, and recommend investment alternatives unless and until both Fundholders notify the Jewish Communal Fund to the contrary. There may be circumstances in which the Jewish Communal Fund may, in its discretion, require the Fundholders to provide joint instructions.
- ✓ I understand that if no Successor or successor charity designation is on file at the Jewish Communal Fund, then at the time of the death of the last Fundholder, the income and principal remaining in the fund will be transferred to the JCF Special Gifts Fund. The Board of Trustees of the Jewish Communal Fund assumes responsibility for distributing income and principal from said Fund.
- ✓ I understand and agree that JCF reserves the right to deduct from my donor advised fund any legal fees or expenses that JCF incurs as a result of any judicial or regulatory action or inquiry (including an IRS audit), or any third-party claim, in each case related to grant recommendations and/or contributions I or other permitted parties have made in respect of the fund.

## G. SIGNATURES

All Fundholders named on page 1 must sign below to establish a fund.

\_\_\_\_\_  
Fundholder 1 signature Date

\_\_\_\_\_  
Fundholder 2 signature Date

\_\_\_\_\_  
Acknowledged for Jewish Communal Fund by Date

### How did you hear about the Jewish Communal Fund? (choose all that apply)

- Advisor  JCF Fundholder  CBS Radio (880)  Bloomberg Radio (WBBR)  Event  Mailing  Press  Online Search  
 Facebook ad  LinkedIn ad  Other

Name of person who referred you (so we can send our thanks): \_\_\_\_\_

Do you have a private foundation?  Yes  No

Please tell us more about yourself so we can better serve you. My/our primary funding area(s) or cause(s) include:

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

### I am interested in: (choose all that apply):

- Donor Education Seminars  NextGen events  Legacy and Estate Planning  Other (please specify):

\_\_\_\_\_