



# Donor Advised Fund Application/Agreement

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**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** \_\_\_\_\_

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**Donor #2**

\_\_\_\_\_

Mr./Ms. First Middle Initial Last

**Address**

\_\_\_\_\_

Street

\_\_\_\_\_

City State Zip Code

**Phone** ( ) \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**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 Jones Family Fund". Donations will be listed by the fund account name in publications unless anonymity has been requested.

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## 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 Cortland Community Foundation will transfer the balance of the fund to their unrestricted general fund, the Community General Fund.

If you would like to add more than four beneficiaries/successors to succeed you as 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
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### Address

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

Phone ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

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### Successor 2

\_\_\_\_\_

Mr./Ms.	First	Middle Initial	Last
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### Address

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

Phone ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

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.

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## Fund Beneficiary/Successor Continued:

### Successor 3

\_\_\_\_\_

Mr./Ms.	First	Middle Initial	Last
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### Address

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Phone ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

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### Successor 4

\_\_\_\_\_

Mr./Ms.	First	Middle Initial	Last
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### Address

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Phone ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

## 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 distribution(s) of the entire amount or combining the accounts to create a single account with at least a \$10,000 balance.

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## Fund Charitable Organization(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

\_\_\_\_\_  
Name of Charitable Organization

### Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Phone ( ) \_\_\_\_\_

Tax ID \_\_\_\_\_

### Choose one of the following disbursement options:

Percent of Fund Account \_\_\_\_\_

Dollar Amount \_\_\_\_\_

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### Organization 2

\_\_\_\_\_  
Name of Charitable Organization

### 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.

**NOTE:** The charitable organizations and disbursements listed above must meet the Grant Making Guidelines of the Cortland Community Foundation.

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## Contribution Information:

The minimum fund account balance is \$10,000, which must be funded within 1 year. Grant recommendations cannot be made until the minimum \$10,000 balance has been met. I (we) understand that all contributions are irrevocable charitable donations and are not refundable.

**Estimated Value of Initial Contribution** \$ \_\_\_\_\_

### Form of Contribution

\_\_\_\_\_ **Check** - Made payable to Cortland Community Foundation and returned with this application to: P.O. Box 466  
50 Clinton Avenue  
Cortland, NY 13045

\_\_\_\_\_ **Securities** - Instructions for Electronic and Paper Stock Transfers available upon request.

\_\_\_\_\_ **Donation from Another Charitable Organization**  
Name of Charitable Organization \_\_\_\_\_

\_\_\_\_\_ **Other** (i.e. Life Insurance Policy, Bequest in a will) - Please Specify \_\_\_\_\_

### I (we) would like our contributions invested as follows:

\_\_\_\_\_ In a separate account. \_\_\_\_\_ In an account pooled with other Donor Advised Fund Accounts.

By signing below I (we) request that the Cortland Community Foundation open a Donor Advised Fund Account as indicated above. I (we) have read and understand the Donor Advised Fund Account Policy and agree to its terms and conditions. I (we) understand the following:

1. The law requires final grant making decisions be made by the Foundation's Board of Directors. It is the intention of the Board to fulfill all grant recommendations.
2. Grants recommended from the fund are to be made to qualified U.S. 501(c) public charities and used exclusively for charitable purposes, not for the private benefit of the donor advisor(s).

\_\_\_\_\_  
**Primary Donor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Donor 2 Signature**

\_\_\_\_\_  
**Date**

## Special Instructions:

To assist the beneficiaries/successors in their grant recommendations, please provide insight into what programs or organizations that were important to you. This may be done by listing specific non-profit organizations or special interest groups, such as education, environmental, arts, animal protection, etc.... This information will also assist the Foundation's Board of Director's in approving grant recommendations given by the beneficiaries/successors.