

**Florida Baptist Foundation
Donor Advised Fund Application Form
(Individuals and Families)**

Use this form to open a donor advised fund with an irrevocable gift of at least \$5,000. For help with this form, call us toll free at 800-780-0325. Please print clearly.

1. NAME OF CHARITABLE FUND (Consider your name, your family's name, or the Fund's charitable purpose. Choose wisely. This name will be used on correspondence to organizations and ministries receiving grants. The name is subject to approval by the Florida Baptist Foundation.) *(Example: Smith Family Fund or Smith Charitable Fund)*

The Fund

2. DONOR INFORMATION – Identify the owners of the assets that will be contributed to the Donor Advised fund.

Donor # 1 – Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Telephone _____ Work Telephone _____
 Birth Date _____ Social Security Number _____

Please specify if trust, bequest or other family member has or will transfer assets to Fund:

Donor # 2 – Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Telephone _____ Work Telephone _____
 Birth Date _____ Social Security Number _____

Please specify if trust, bequest or other family member has or will transfer assets to Fund:

Name(s)	Relationship	Telephone
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Other Donor(s): Please List: _____

Unless the Donors notify Florida Baptist Foundation in writing, each Donor shall have full, equal and independent privilege to recommend investment preferences and grant distributions and to designate successor advisors.

3. CONTRIBUTION INFORMATION (You may choose to provide funds now or wait until the charitable fund is open) *To wire funds, please call for wire instructions*

Check: \$ (Payable to Florida Baptist Foundation)

Please list Securities of Publicly Traded Companies you are gifting.
(The Foundation can provide transfer instructions)

Name of Publicly Traded Company:	Number Shares:
_____	_____
_____	_____
_____	_____

Please list Mutual Fund Shares you are gifting.
(Contact the Foundation for instructions and to avoid delays. Mutual Fund Companies have varying procedures we must follow. Some require a specific form. Others require a Letter of Authorization with a Medallion Signature Guarantee. Our staff can help you through this process)

Name of Mutual Fund Company:	Number Shares:
_____	_____
_____	_____
_____	_____

I understand that I may contribute additional cash or publicly traded securities to the fund at anytime, and may contribute other types of property upon the approval of the Foundation.

4. RECOMMENDED INVESTMENT ALLOCATION - Liquidated funds are generally pooled and invested by the Foundation in the Foundation's Investment Portfolio's; you may advise the Foundation about how to invest your charitable fund's assets within certain asset allocation strategies. Liquidated funds are subject to market fluctuation. The Foundation's investment policies, objectives and guidelines are reviewed at least annually by the Foundation's Investment Committee. Contact the Foundation for a copy of their investment policy statement. There are three investment options available.

Fund Options	Strategy
Stability Fund Option: _____	(80% Fixed Income, 20% Equity)
Opportunity Fund Option: _____	(60% Equity, 40% Fixed Income)
Cash Reserve Fund Option: _____	(Institutional Money Market Fund)

I wish to leave this decision completely up to the Florida Baptist Foundation: _____

5. SUCCESSOR ADVISERS – In the event of the death or incapacity of the Donor(s), the following individuals shall be the Donor’s successor advisors authorized to make recommendations regarding the Fund in lieu of the Donor. At the resignation, death or incapacity of the successor advisors, the fund shall become a permanent endowment.

Advisor #1

Name _____
Address _____
City _____ State _____ Zip _____
Home Telephone _____ Work Telephone _____
Social Security Number _____
Relationship to Donor #1 _____
Relationship to Donor #2 _____

Advisor #1

Signature: _____ Date: _____

Advisor #2

Name _____
Address _____
City _____ State _____ Zip _____
Home Telephone _____ Work Telephone _____
Social Security Number _____
Relationship to Donor #1 _____
Relationship to Donor #2 _____

Advisor #2

Signature: _____ Date: _____

6. A GIFT IN PERPETUITY:

In the event of the death of the Donor(s) and no successor advisor has been named, any remaining funds shall become a permanent endowment of the Foundation. Only the annual income (interest and dividends) shall be distributed annually to the following charitable ministries thus your gift continues to benefit others indefinitely.

_____ (%) _____
_____ (%) _____
_____ (%) _____

Please initial here if you select the endowment option from the beginning of this agreement.

7. ADMINISTRATION OF THE FUND

This charitable fund will be a donor-advised fund of Florida Baptist Foundation (FBF). The assets of the fund will be distributed exclusively for charitable purposes, and shall be administered pursuant to the governing instruments of FBF as they may be amended from time to time.

I understand that I may make written recommendations of qualified charities to receive grants from my fund. I understand that no grants may be made to private non-operating foundations, to satisfy a pre-existing pledge, for any private benefit (dues, benefit tickets, tuition etc.) or to support any political campaign activities.

I understand that Florida Baptist Foundation makes numerous grants to a variety of tax-exempt organizations and ministries. While grant recipients need not be specifically Christian in origin or mission, no grant will be given to organizations whose mission is in conflict with traditional Christian values. All grants made by FBF are made in the name of Jesus Christ.

I also understand that FBF retains full unlimited control and the final authority to determine the amount and recipient of any grant.

I understand that FBF will charge administration fees against the fund and pay investment managers in accord with its standard procedures.

I understand that my gift is irrevocable and nonrefundable once it has been accepted by Florida Baptist Foundation.

This Agreement shall be binding on the Donor, the Donor’s named successor advisor(s) and the Donor’s personal representatives, heirs, and assigns.

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____

Florida Baptist Foundation
1320 Hendricks Avenue
Jacksonville, Florida 32207

904-346-0325 or 800-780-0325
www.floridabaptist.org