

Catholic Foundation of the Diocese of Rockford

Donor Advised Fund Application

| Name of Donor(s): | | |
|------------------------|---|---|
| Address: | | |
| City/State/Zip: | | |
| Phone: | | |
| TYPE OF DONOI | R ADVISED FUND: | ☐ ENDOWED ☐ PROVISIONAL |
| NAME OF THE L | OONOR ADVISED FUNL |): |
| Total Initial Depos | sit Amount \$ | (minimum \$10,000) |
| As (Check one): | Cash Stock T Other (Please define below | |
| | n which you would like you deposit amount. If your in | ur money invested. Check one of the following and tial deposit is more than \$50,000 you may split your gift |
| | nd, 30% of Income Fund. Stock me investments. Current income | Initial Deposit market growth potential blended with the assumed lower risk and with growth potential. You are willing to accept the risk and the |
| | | Initial Deposit EITs, etc.). You are unwilling to accept the risk of the stock markets, ets. |
| Growth Fu | · | Initial Deposit re willing to accept the risk and volatility of stock market. |
| III Stock portions. Lo | potential. Tou a | |

(Over please)

Appointed and/or Successor Advisor(s)

If the donor(s) desire, they may optionally name below an Appointed Advisor to choose investment options and advise as to grant distributions for the donor advised fund. The donor(s) may also name a Successor Advisor who, upon the death or incapacity of the donor(s) and Appointed Advisor, will serve to direct the Catholic Foundation regarding investment direction and grant distributions. Only one person at a time may be advisor to the fund. When possible, appointed advisors and successor advisors should be children of the donor.

| Appointed Advisor: | | |
|-----------------------------------|------|--|
| Name | | |
| Address | | |
| City, State, Zip | | |
| Phone | | |
| Successor Advisor: | | |
| Name | | |
| Address | | |
| City, State, Zip | | |
| Phone | | |
| SIGNATURE(S): | | |
| Donor | Date | |
| Donor | Date | |
| Appointed Advisor (if applicable) | Date | |