Appendix V: United Jewish Foundation of Metropolitan Detroit Philanthropic Fund Application

Thank you for your interest in establishing a Philanthropic Fund with the United Jewish Foundation of Metropolitan Detroit. We are proud of our history of helping donors fulfill their charitable interests. After completing this form, please return it to the United Jewish Foundation of Metropolitan Detroit, P.O. Box 2030, Bloomfield Hills, MI 48303-2030, or email to holland@jfmd.org.

Donor	Today's Da	te
Mr./Mrs./Ms./Dr		
Mr./Mrs./Ms./Dr		
Address		
City/State/ZIP		
Phone: Home ()		
Email address		
Date of Birth/		
Fund Name		
Proposed name of the fund:		
		Philanthropic Fund
Designee to the Fund – Optional		
Please list the initial designee to the fund (if	different than Donors(s))	l.
Mr./Mrs./Ms./Dr		
Address		
City/State/ZIP		
Phone: Home ()		
Email Address	Date of Birth	

Successor Designees

If you would like to have Successor Designees for your fund, please complete the following information. Designees can be the donor and, if desired, the donor's children.

Please check here \square if you would like current copies of your statements sent to your Successor Designees during your lifetime.

Successor	Designees	to serve	(check	one):
-----------	------------------	----------	--------	-------

- Concurrently
 Consecutively (if consecutively, list below in order of succession)

Mr./Mrs./Ms./Dr	
Address	
City/State/ZIP	
Phone: Home () Other ()	
Email Address Date of Birth	
I authorize you to discuss this account with:	
Mr./Mrs./Ms./Dr	
Address	
City/State/ZIP	
Phone: Home () Other ()	
Email Address Date of Birth	
I authorize you to discuss this account with:	
Recommended Investment Strategy Please indicate which investments you recommend for your fund.	
 United Jewish Foundation Balanced Investment Portfolio% 	
United Jewish Foundation Fixed Income Investment Portfolio	%
Federal Government Obligations Fund	%
Vanguard Total Stock Market Index Fund	%
MFS Massachusetts Investors Trust I	%
The Boston Company Small/Medium Sized Growth Fund%	
American Funds EuroPacific Growth Fund	%
Socially Responsible Investment Option	%
 Israel Impact Focused Investment Option 	%
Note: This must add up to 100%.	al%

Your Signature(s)	
Please sign and date:	
 Donor	 Donor
Date	Date
Optional Information In order to serve you better, please provide us v	with the following information:
Areas of Charitable Interest	Referral Information
Check all that apply:	How did you hear about our program?
Arts and Culture	 Attorney
 Environment 	 Accountant
Jewish Education	 Financial Advisor
Higher Education	 Stockbroker
Human Services	 Federation Staff
• Israel	 Friend or Family Member
 Scholarships 	 Advertisement
• Other	 Federation Website
 I have no specific area of interest. 	 Other
Professional Advisors - Optional To assist us in addressing any questions that m for your professional advisor(s).	nay arise, please provide the name and contact inform
Attorney:	
Mr./Mrs./Ms.	
Firm	
Address	
City/State/ZIP	
Phone: () Fax (()
Email Address	
 Details of your account may be discussed 	with this person.

Accountant:
Mr./Mrs./Ms.
Firm
Address
City/State/ZIP
Phone: () Fax ()
Email Address
Details of your account may be discussed with this person.
Financial Planner:
Mr./Mrs./Ms.
Firm
Address
City/State/ZIP
Phone: () Fax ()
Email Address

Details of your account may be discussed with this person.

Thank you. We look forward to working with you.



6735 Telegraph Road Bloomfield Hills, Michigan 48301 (248) 642-4260 | jewishdetroit.org