Appendix V: United Jewish Foundation of Detroit Philanthropic Fund Application

Thank you for your interest in establishing a Philanthropic Fund with the United Jewish Foundation of 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 Detroit, P.O. Box 2030, Bloomfield Hills, MI 48303-2030, or email to holland@jfmd.org.

Donor Today's Date_____

Mr./Mrs./Ms./Dr._____

Mr./Mrs./Ms./Dr._____

Address_____

City/State/ZIP_____

Phone: Home (____)_____ Other (____)_____

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)).

Mr./Mrs./Ms./Dr._____

Address_____

City/State/ZIP_____

Phone: Home (____)_____ Other (____)_____

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 q 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%.  **Total _____%**

Your Signature(s)

Please sign and date:

_____ Donor

_____ Date

_____ Donor

_____ Date

Optional Information

In order to serve you better, please provide us with the following information:

Areas of Charitable Interest

Check all that apply:

- Arts and Culture
- Environment
- Jewish Education
- Higher Education
- Human Services
- Israel
- Scholarships
- Other _____
- I have no specific area of interest.

Referral Information

How did you hear about our program?

- Attorney
- Accountant
- Financial Advisor
- Stockbroker
- Federation Staff
- Friend or Family Member
- Advertisement
- Federation Website
- Other _____

Professional Advisors – Optional

To assist us in addressing any questions that may arise, please provide the name and contact information for your professional advisor(s).

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.