



## Create a New Donor Advised Fund

Donor Name(s)

Mailing Address

City

State

Zip

Home Phone

Business Phone

Email(s)

I/we prefer being contacted by:

Email

Home Phone

Business Phone

Mail

### NAME THE FUND

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*Every grant made from a fund at the San Juan Island Community Foundation (SJICF) is accompanied by a letter identifying the name of the fund and the name of the donor(s) recommending the grant, unless you request anonymity. Fund names are often listed in Foundation publications as well.*

#### What would you like to name your fund?

Click here if you'd like both the fund name and your name available to grantees and publications.

Click here if you'd like to make only the name of the fund available to grantees and publications.

Click here if you'd like to remain completely anonymous.

### SELECT A SPENDING POLICY

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*All funds and all distributions from funds established at SJICF are subject to The San Juan Island Community Foundation's variance power as described in the "Fund Terms & Conditions" attached hereto. Donors may, however make non-binding recommendations that the fund be managed as a permanent endowment or paid out from both earnings and principal. Endowed Funds are subject to the SJICF Spending Policy attached hereto. Endowed Funds normally receive an annual distribution of net earnings at a rate based upon the SJICF Spending Policy or at such rate determined to best insure the preservation of principle.*

#### Please indicate your distribution recommendations below.

Impose no restriction on distribution of principal. (Non-Endowed Option)

Make distributions in a manner that will ensure permanent endowment. (Endowed Option)

### (ENDOWED OPTION) PAYOUT DATE

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*Endowed funds normally make an annual payout to the selected Non-Profit organizations, projects or Foundation Funds based upon the SJICF Spending Policy. Payouts are made at the end of a calendar quarter. Usually Scholarships are timed to payout at the end of the second calendar quarter to be sent to selected candidates institution before the fall quarter. Endowed Funds must be in place for a minimum of one year before the first payout. Please select your desired payout date:*

Annual Payout Date:

(Suggested Sept 30)

## SPECIAL INSTRUCTIONS (IF ANY)

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Please call our Executive Director to discuss at (360) 378-1001.

## DESIGNATE ADVISORS

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Donors establishing a Donor Advised Fund may designate individuals who will serve as Advisors to the fund and who may make recommendations to SJICF regarding grant distributions from the fund.

Donors may designate themselves as Advisors, or may designate others in addition to or instead of themselves as advisors. All named Advisors have equal rights to recommend grant distributions from the fund, but if two or more Advisors are designated, a fund chairperson must also be identified. Once designated, an Advisor's status can only be revoked in writing by the donor(s) who established the fund.

Unless otherwise stated in the comments area below, all Advisors will receive quarterly fund status reports, grant approval reports and standard mailings from SJICF. Please indicate the Fund Advisors below and identify a Fund Chairperson, attaching additional sheets as necessary.

I/we will be the Advisor(s) for this fund.

I appoint the following person(s) to be Advisor(s) for this fund:

**Advisor 1:** *This Advisor will serve as chairperson for this Donor Advised Fund.*

Name

Mailing Address

City

State

Zip

Home Phone

Business Phone

Email(s)

Relationship to Donor

Comments

**Advisor 2:**

Name

Mailing Address

City

State

Zip

Home Phone

Business Phone

Email(s)

Relationship to Donor

Comments

*SJICF will consider only written or online recommendations provided on The San Juan Island Community Foundation's Request for Distribution from Fund form. SJICF will not make any distribution to satisfy a pledge or other legal obligation of a donor or donor advisor. All distributions from Donor Advised Funds must comply with SJICF's Operating Procedures for Donor Advised Funds.*

## DESIGNATE SUCCESSOR ADVISORS

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*A Successor Advisor can be authorized to recommend grants from the fund in the event the advisor(s) named above dies, resigns or is otherwise unable to act in this capacity. One designated, a Successor Advisor can only be revoked in writing by the donor(s) establishing the fund. In cases of two or more Successor Advisors, a single chairperson must be identified. Please attach additional sheets as necessary.*

**Successor Advisor 1:** *This Advisor will serve as chairperson for the Successor Advisors.*

Name

Mailing Address

City

State

Zip

Home Phone

Business Phone

Email(s)

Relationship to Donor

**Successor Advisor 2:**

Name

Mailing Address

City

State

Zip

Home Phone

Business Phone

Email(s)

Relationship to Donor

*I/we have informed the Successor Advisors of my/our succession plan.*

*I/we would like the Successor Advisors to received mailing and event invitations from SJICF*

## RECOMMEND FUTURE PLANNING

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*Donors establishing a Donor Advised Fund have the option to recommend a future plan for their fund, in the event the initial Advisor(s) & Successor Adviser(s) (if any) to this fund dies, resigns, or is otherwise unable to act in this capacity. Please select an option below:*

Transfer the balance of my fund to the General Foundation Operations Fund, which is used solely at the discretion of the Board of Directors and is used primarily to support operational costs of the Foundation, although surpluses may be directed to Board approved grant programs.

Transfer the balance of my fund to the Foundation's Healthy Community Fund. Please indicate distribution, to total 100%:

Unrestricted	%	Arts & Culture	%	Basic Needs	%
Community Development	%	Education	%	Environment	%
Health & Wellness	%				

Establish a Designated Fund to support the following [nonprofit organization](#):

Convert to a Legacy Fund to be administered by the Board of Directors according to instructions in my will.

Transfer the balance to the following Foundation Fund:

Transfer the balance to the SJICF General Endowment Fund.

## NAME YOUR PROFESSIONAL ADVISOR (IF ANY)

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Are you working with a professional advisor?      Yes      No

If Yes, what type?

If Other please specify:

Name(s)

Company Name

Mailing Address

City

State

Zip

Phone

Email

I authorize SJICF to share information about my gift and my fund with this advisor.

## CONTRIBUTE TO THE FUND

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*Donor Advised Funds require a minimum \$5,000 donation to the Foundation. If your fund balance falls below \$3,000, you may be asked to bring the balance up to \$5,000 within 12 months. Please call the Foundation at (360) 378-1001 to discuss asset transfers.*

I/we hereby assign to the San Juan Island Community Foundation the following described property:

Cash in the amount of \$

Publicly traded security (Ticket & # shares)

Privately Held Securities (Specify)

Personal Property (Describe)

Real Estate (Describe)

Testamentary Gift (Describe)

Other (Specify)

*Note: Gifts other than cash or publicly traded securities must be approved by SJICF and accepted in writing.*

## PLANNED GIFTS

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I/we have named SJICF in my/our will.

I/we have named SJICF as a beneficiary of our life insurance policy.

I/we have named SJICF as a beneficiary of my/our retirement plan.

I/we have named SJICF as a beneficiary of my/our charitable remainder trust.

SJICF may acknowledge my planned gift in its annual report.

## STIPULATE ANY ADDITIONAL TERMS AND CONDITIONS

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*Must be agreed upon by both Donor and SJICF.*

## COMPLETE THE APPLICATION

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Thank you for your generous support and commitment to the San Juan Island Community Foundation (SJICF). The Foundation is a 501(c) (3) organization. Contributions are tax deductible as allowed by law.

*I agree to the terms and conditions set forth herein. I understand that any contribution, once accepted by SJICF, represents an irrevocable contribution to SJICF and is not refundable to me.*

*I have read the following documents and understand and agree to the provisions therein. Click on each below to read online, they are also available at the Foundation office.*

[SJICF Fund Management Policies](#)

[SJICF Fund Terms and Conditions](#)

[SJICF Fund Administration Fees](#)

[SJICF Statement of Investment Policy & Objectives](#)

[SJICF Strategic Asset Allocations Policy](#)

[SJICF Spending Policy](#) (for endowed funds only)

[SJICF Scholarship Guidelines and Procedures](#) (if applicable)

## VERIFICATION - TYPE YOUR NAME IN THE FIELD BELOW TO CONFIRM:

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*I understand that each of these policy documents may change from time to time at the sole discretion of the SJICF Board of Directors without prior notification. I agree that the fund will be automatically governed by the then current SJICF policies.*

Signature

Date