



ADVISED FUND AGREEMENT

Date: _____

Fund Name: _____

Establish a new Fund Update Fund information

SECTION 1: Contact Information The Fund Advisors of Advised Funds may recommend grant distributions from the Fund. For two or more Advisors, please note that Advisor 1 will receive fund statements if the mailing addresses are different. (Please attach additional sheets if necessary.)

Advisor 1

Name		
Mailing Address (Home or Business, circle one)		
City	State	Zip
Home Phone	Cell	
()	()	
Business Phone	Fax	
()	()	
E-mail		
Company Name		
Occupation		
Title		
Referred By:		
Do you currently work with a Professional Advisor? <small>(e.g., Attorney, CPA, Financial Planner)</small> Yes No		
If yes, Advisor's Name		
Advisor's Mailing Address		
City	State	Zip
Advisor's Phone		
()		

Advisor 2

Name		
Mailing Address (Home or Business, circle one)		
City	State	Zip
Home Phone	Cell	
()	()	
Business Phone	Fax	
()	()	
E-mail		
Company Name		
Occupation		
Title		
Referred By:		
Do you currently work with a Professional Advisor? <small>(e.g., Attorney, CPA, Financial Planner)</small> Yes No		
If yes, Advisor's Name		
Advisor's Mailing Address		
City	State	Zip
Advisor's Phone		
()		

Donor/Contact 2 relationship to Donor/Contact 1:

SECTION 2: Grant & Community Acknowledgment

Do you wish to remain anonymous?	Yes	No
May we list your Fund's name in publications? (e.g., Website, Annual Reports, etc.?)	Yes	No
Would you like grant recipients to know that your Fund is the source of their grant?	Yes	No

SECTION 3: Advised Fund

An annual payout of up to _____% from the fund will be used to support 501(c)3 charitable organizations

SECTION 4: Contribution

Funds may be established with a gift of \$10,000 and

must maintain a \$10,000 balance.

SECTION 5: Successor Election - OPTIONAL

Fund advisors may elect individuals as successor advisors to the Fund. This can be changed by an advisor at any time; changes must be made in writing to the Community Foundation. Please refer to the **Handbook for Donors: Fund Policies & Procedures** of the Princeton Area Community Foundation for details. (Attach additional sheets if necessary.)

Successor Individual(s) Information : Founders of advised funds may name one generation to succeed them in accordance with the policies in the **Handbook for Donors: Fund Policies & Procedures** of the Princeton Area Community Foundation

Name	Name
Date of Birth	Date of Birth
Mailing Address	Mailing Address
City State Zip	City State Zip
Home Phone ()	Home Phone ()
Cell Phone ()	Cell Phone ()
E-mail	E-mail
Relationship to Donors	Relationship to Donors

SECTION 6: Investment Pool Selection

Please read the **Handbook for Donors: Fund Policies & Procedures** for a description of the investment pools.

_____ Managed Investment Pool
(for those funds with a long term grants strategy)
(Balanced portfolio of approx 50% equities, 25% fixed income, 25% independent return)

_____ Money Market
(for those funds with a short term grants strategy)
(Portfolio of 100% short term liquid assets)

SECTION 7: Signature(s)

I acknowledge that I have read the **Handbook for Donors: Fund Policies & Procedures** and agree to the terms and conditions described therein, including the Variance Provision contained in the bylaws of the Community Foundation. I understand that any contribution, once accepted by the Board of Trustees, represents an irrevocable contribution to the Princeton Area Community Foundation and is not refundable to me. I hereby certify that to the best of my knowledge all information presented in connection with this form is accurate and I will notify the Community Foundation promptly of any changes.

Donor/Contact 1 Signature _____ Date _____

Donor/Contact 2 Signature _____ Date _____

Please return to: Princeton Area Community Foundation
15 Princess Road, Lawrenceville, NJ 08648
www.pacf.org Email: info@pacf.org
Phone: 609-219-1800 Fax: 609-219-1850