



ADVISED FUND AGREEMENT

Date: _____

Fund Name: _____

Establish a new Fund

Update Fund information

SECTION 1: Contact Information

Fund Advisors may recommend grant distributions from the Fund. Please note that Advisor 1 will receive fund statements.

Advisor 1

Name		
Mailing Address	Home	Business
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	Business
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 relationship to Advisor 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

Choose one:

Non-Permanent Fund. An annual payout of up to 100% of the Fund.

Permanent Fund. An annual payout of up to the prevailing Community Foundation spending rate, which is currently 4%.

SECTION 4: Contribution

Funds may be established with a gift of \$10,000 and must maintain a \$10,000 balance.

SECTION 5: Legacy instructions - OPTIONAL

I understand that when I am no longer able to advise grants from the Fund, I can recommend that the Community Foundation use the Fund to carry out my long-term wishes any of the following ways; I can name specific organizations, areas of interest, or a particular town or geographic area; I can also ask the Community Foundation to use my Fund to expand on work it is doing and which I value and support; or I may elect successor advisors to succeed me as an advisor to the Fund.

Instructions for grantmaking in one or more areas

Please add a letter of instruction to elaborate on your plans and ideas so the Community Foundation can have a clear understanding of your wishes.

	Percentage (%)
1 Community grantmaking/greatest needs	_____
2 Women & girls	_____
3 The Community Foundation's work	_____
4 The Community Foundation's operating endowment	_____
5 A field of interest important to me (see letter)	_____
6 A geographic area/municipality (see letter)	_____
7 Organizations (one or more; see letter):	_____
8 Other (see letter)	_____

Successor Advisor Election

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 :

Name	Name
Date of Birth	Date of Birth
Mailing Address	Mailing Address
City State Zip	City State Zip
Home Phone Cell Phone	Home 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.

<u> </u> Managed Investment Pool (for those funds with a long term grants strategy)	<u> </u> Money Market (for those funds with a short term grants strategy)
<small>(Balanced portfolio of approx 50% equities, 25% fixed income, 25% independent return)</small>	<small>(Portfolio of 100% short term liquid assets)</small>

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, the Board of Trustees authority to accept or reject any grant recommendation, as well as the Distribution and Fund Closing Policies. 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.

Advisor 1	Date

Advisor 2	Date

Princeton Area Community Foundation
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