

NON-PROFIT ORGANIZATION INFORMATION

Name of Non-Profit Organization (Hereafter NPO)

Address

Phone number

City, state and ZIP

Fax number

Federal Tax ID Number

(Churches and other religious organizations – Federal Tax ID not required, but please provide other evidence of tax exempt status such as a state sales tax exemption, local property tax exemption or other documentation.)

NPO CONTACT PERSON

Name

Title

Direct Phone Number (if different than above)

Email Address

ACCOUNT NAME AND ADVISORY COMMITTEE SPOKESPERSON

Name of Account (if none is specified, the name will be that of the NPO plus the word "Endowment")

Name of Advisory Committee Spokesperson

Address

Phone number

City, state and ZIP

TO BE COMPLETED BY FINANCIAL ADVISOR

Name of Financial Advisor: _____

Speed Dial #: _____

Branch Number: _____

Representative Number: _____

CONTRIBUTION – (Minimum: \$25,000)

Cash \$ _____

▶ Please make check payable to “Raymond James Charitable.”

Securities

▶ Please refer to page 4 for instructions on making a contribution.

▶ Please attach appropriate additional information as instructed.

INVESTMENT INITIAL CONTRIBUTION

I/We request the account to be invested as follows.

Please check one

BALANCED OBJECTIVE – Seeks to provide a balanced allocation through the use of a mutual fund portfolio providing both growth and income.

GROWTH WITH INCOME OBJECTIVE – Seeks long-term growth of capital primarily by investing in a diversified mutual fund portfolio consisting of equity exposure and income through the use of U.S. government and global corporate bonds.

GROWTH OBJECTIVE – Seeks long-term growth of capital primarily by investing in a diversified mutual fund portfolio consisting of equity exposure across market capitalization and growth spectrums, including prudent exposure to international markets.

DISTRIBUTION FREQUENCY

I/We request that our 5% annual distribution be made as follows.

Please check one.

Annually every _____ (insert month)

Semiannually starting in _____ (insert month)

Quarterly (March, June, September and December)

SIGNATURES

NPO hereby agrees to and incorporates by reference the terms and conditions of the Charity Account Agreement attached hereto and acknowledges receipt of the Raymond James Charity Advised Account Disclosure Brochure.

IMPORTANT: I understand that any contribution, once accepted by the Trustee, represents an irrevocable contribution to Raymond James Charitable and is not refundable to me or my organization.

Authorized Charity Representative

Date

Signature of Advisory Committee Spokesperson

Date

Raymond James Charitable

Date

SAMPLE BOARD RESOLUTION

The undersigned being the duly appointed Secretary of _____
(hereinafter NPO) warrants, represents and certifies the following resolution was passed by a simple majority vote at a duly convened meeting of its board of directors on the _____ day of _____, 20_____.

Whereas NPO is a public charity as that term is defined in Section 501(c)(3) of the Internal Revenue Code; and

Whereas NPO desires to create a resource to provide it with a long-term cash flow stream; and

Whereas NPO desires to create this resource with an entity not subject to the claims of its creditors or under the control of this board; and

Whereas NPO has reviewed the various options available to it, including the creation of a Charity Advised Account within Raymond James Charitable; and

Whereas this board has held a thorough discussion of the advantages, disadvantages, risks, rewards, fees and other costs of its various options; and

Whereas this board acknowledges receipt of and review of the Raymond James Charity Advised Account Disclosure Brochure.

Now therefore it is hereby resolved:

1. That _____ is authorized to complete and sign on behalf of NPO the Raymond James Charitable Charity Advised Account Application & Endowment Agreement.
2. That the name of the Charity Advised Account so opened shall be _____.
3. That _____ is authorized to take all steps necessary to irrevocably transfer the sum of \$ _____ .00 and/or the following described publicly traded securities: _____
_____ to Raymond James Charitable for further credit to the above referenced Charity Advised Account.
4. That the initial investment objective selected shall be
____ Balanced ____ Growth with Income ____ Growth
5. That cash distributions shall be made to NPO:
____ Annually ____ Semiannually ____ Quarterly (March, June, September, December) commencing _____, 20_____.
6. That _____ is appointed Spokesperson of the Advisory Committee for the Charity Advised Account.
7. That the membership of and policies governing the Advisory Committee shall conform to such decisions, resolutions and policies of this board as amended from time to time.

Certified, signed and sealed this ____ day of _____, 20_____

<Corporate Seal>

Secretary

HOW TO MAKE A CHARITY ADVISED ACCOUNT CONTRIBUTION – These instructions cover contributions of cash and public securities to the Raymond James Charitable Charity Advised Account. If you currently have a Charity Advised Account with Raymond James Charitable and wish to make an additional contribution, please complete and submit an Additional Contribution Form.

Contribution Type	Instructions
CASH	
Check	Make checks payable to: Raymond James Charitable Mail check along with Charity Advised Account Application and Board Resolution to Raymond James Charitable.
Wire Cash	Call Raymond James Charitable for complete wiring instructions: 866.687.3863 Mail Charity Advised Account Application and Board Resolution to Raymond James Charitable.
STOCK CERTIFICATES	Mail certificate(s) and Stock/Bond Power(s) (we suggest a mailing method requiring a receipt and mailing the certificate(s) and Stock/Bond Power(s) in separate envelopes). Submit original Letter of Instruction (see "Gift of Stock or Bond Certificate"). Endorse the Stock/Bond Power(s) exactly as name(s) appear on the certificate and we will complete the rest of the form. Sign one Stock/Bond Power per certificate. Photocopy the Stock/Bond Power as needed. Mail Charity Advised Account Application and Board Resolution to Raymond James Charitable.

CASH OR SECURITIES HELD AT RAYMOND JAMES OR OTHER INSTITUTION

Raymond James Accounts	Send original "Gift of Raymond James Brokerage Assets" form.
Other Institutions	Send original "Gift of Brokerage Assets" (not mutual funds) form.
Mutual Funds	Send original "Gift of Mutual Funds" form. Check with fund company regarding signature guarantee requirements.
Dividend Reinvestment Plans	Send letter of instruction. Call Raymond James Charitable for more information.

CONTACTING THE ENDOWMENT FUND

Mailing Address	Physical Delivery Address	Phone Numbers	Email Address
P. O. Box 23559 St. Petersburg, FL 33742	880 Carillon Parkway St. Petersburg, FL 33716	Toll-free: 866.687.3863 Fax: 727.567.8040	RJCharitable@raymondjames.com

RAYMOND JAMES® Charitable