Donor Account Application

RAYMOND JAMES Charitable

RJ Charitable
Service Center
e Sign I Scan / Fax

02781	
Form #	FA #
Branch #	Speed Dial #

DONOR ADVISOR INFORMATION **Primary Donor Advisor** Prefix First Middle Last Name Suffix SSN Date of Birth Email Address - Required for online account access Telephone Physical Address Note: Your legal address cannot be a P.O. Box or International Address Mailing Address - If different than above Joint Donor Advisor Prefix First Middle Last Name Suffix Relationship to Primary Donor Advisor SSN Date of Birth Email Address - Required for online account access Telephone Physical Address Note: Your legal address cannot be a P.O. Box or International Address Mailing Address - If different than above **ACCOUNT TITLE** Please select an account title. Your title must contain one of the following: Account, Foundation, Fund. For Example: "John Smith Memorial Fund." Your account will be titled "The [Primary Donor/Joint Donor] Family Fund" unless you specify otherwise. **GRANT TO CHARITIES DONORVIEW** Our DonorView website provides online access for viewing Grant recommendations are submitted through our account information, making contributions, and submitting website. Do you authorize your Financial Advisor to assist grants to charities. We will create a username and temporary you with making grant recommendations at your request? password for you to access your account. Yes Q If your circumstances prevent you from using the No O internet, please check here: Q Do you authorize any other associate at the branch to assist you with making grant recommendations at your **PAPERLESS FEATURES** request? If so, please list names below. You will receive all communications, including statements, electronically at the email address you provided. If you would like to receive printed copies by mail, please check the box below. I prefer printed document delivery.

Under policies of Raymond James Charitable, and in accordance with the anti-money laundering regulations applicable to the financial institutions that provide financial services to Raymond James Charitable, we obtain, record, and may verify information that identifies each person and entity who establishes a fund within Raymond James Charitable, and other people and entities who contribute or have access to the fund established. Raymond James Charitable and Raymond James Trust, N.A., as its service provider, will ask for the name, address, Social Security number, date of birth, and other information that will allow us to identify people associated with the fund. We may also ask to see driver's licenses or other identifying documents, and we may verify the information obtained.

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		FA#
TO BE COMPLETED BY FINAN	ICIAL ADVISOR	
Name of donor's financial advisor(s). F	Please include all advisor names if this is a spli	t rep.
Speed dial number	Branch number	FA number to be associated with this account
O Yes O No	dvisors the donor or related* to the donor dvisors the successor or related* to the	•
	oses of this application is spouse, ancestor, ch s (of whole or half-blood) and brothers' and sist	aild, grandchild, great grandchild; spouses of a child, grandchild, and ers' spouses.

INVESTMENT OPTIONS

Please select one of the following investment options. If no selection is made, the account will be invested in the Money Market option. You may request a change to the investment allocation as often as quarterly by submitting a Request for Change of Investment for the Raymond James Charitable board's consideration.

I/We request our contribution be invested in one of the following options.

SELECT ONE

LIBERTY OBJECTIVE OPTION FOR ACCOUNT BALANCES OF ANY SIZE

- MONEY MARKET OBJECTIVE: Seeks the preservation of capital and the production of income exclusively through investment in a money market fund investing in the highest quality, very short-term debt instruments.
- O INCOME OBJECTIVE: Seeks income and capital preservation primarily through the use of a mutual fund portfolio consisting of exposure to U.S. government and global corporate bonds.
- O INCOME WITH GROWTH OBJECTIVE: Seeks income and provides a growth component through the use of a mutual fund portfolio consisting of exposure to U.S. government and global corporate bonds and a modest exposure to diversified common stocks.
- ▶ O BALANCED OBJECTIVE: Seeks to provide a balanced allocation through the use of a mutual fund portfolio providing both growth and income.
- ▶ O 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.
- O 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.
- ENVIRONMENTAL, SOCIAL & GOVERNANCE (ESG) BALANCED OBJECTIVE: Seeks long-term capital appreciation with strong growth potential through investments with best-in-class environmental, social and governance practices.

INVESTMENT ADVISOR PROGRAM (IAP) OPTION FOR ACCOUNT BALANCES OF \$500,000 OR MORE

I/WE WANT TO USE THE INVESTMENT ADVISOR PROGRAM (IAP) APPROACH. Complete and attach the <u>Investment Advisor Program (IAP) Agreement - 2784</u>. Your financial advisor can provide you with this form.

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ACCOUNT SUCCESSION

Accounts may be administered in various ways after the death, resignation or incapacity of the initial donor advisor(s):

- You may name one or more Successor Donor Advisors to your account. The Successor Donor Advisors may be a
 spouse, relative(s) or other individual(s) who is at least 18 years of age, and may serve jointly or in succession to
 each other. Note: Joint Successor Donor Advisors may submit grant recommendations independent of each other.
- You may elect to divide the account into separate funds (provided each is funded with a minimum of \$10,000)
 naming separate advisors to each account.
- As an alternative to naming successor advisors, you may leave a legacy by naming one or more organizations or areas of interest to support beyond your lifetime.

Please select your preference:

► O I/We elect to name one or more organizations or areas of interest to support. Attach Legacy Giving Recommendation form(s) #02785.

OR

U/We elect to designate one or more Successor Donor Advisors to make recommendations for grants to qualified charities after the death, resignation or incapacity of the surviving Donor Advisor.

If naming more than one Successor Donor Advisor, please indicate by checking appropriate box below:

If no selection is made, the successor donor advisors will serve one after the other.

- The Successor Donor Advisors named below will serve one after the other.
- The Successor Donor Advisors named below will serve at the same time.

If no selection is made, the successor donor advisors will maintain a single account.

- Maintaining a single account (each may make recommendations independent of other Successor Donor Advisor(s)).
- Splitting the account into separate portions. (Please indicate in Successor Donor Advisor information below the percentage of each share. Must total 100%.)

Please provide Successor Donor Advisor information below.

Additional Successor Donor Advisor information fields on following page.

Successor Donor Advisor 1

Name		Relationship	to Donor		
Social Security	Date of birth		Daytime Phone Number		
Street address		City	State	ZIP	
If opting to split the account into	separate portions, indicate percent	age of share fo	r Successor Donor Advisor 1:		%
Successor Donor Advisor 2 Name		Relationship	to Donor		
Social Security	Date of birth		Daytime Phone Number		
Street address		City	State	ZIP	
If opting to split the account into	separate portions, indicate percent	age of share fo	r Successor Donor Advisor 2:		%

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Successor Donor Advisor Information, Continued

(If necessary, attach additional Successor Donor Advisor(s) information on a separate sheet of paper signed by the primary and joint donor advisor.)

Successor Donor Advisor 3						
Name			Relationship to	Donor		
Social Security		Date of birth		Daytime Phone Number		
Street address			City	State	ZIP	
If opting to split the account in	to separate portions, i	ndicate percenta	ge of share for S	Successor Donor Advisor 3:		%
Successor Donor Advisor 4						
Name			Relationship to	Donor		
Social Security		Date of birth		Daytime Phone Number		
Street address			City	State	ZIP	
If opting to split the account in	to separate portions, i	ndicate percenta	ge of share for S	Successor Donor Advisor 4:		%
If naming more than four succ	essors, attach additio	nal pages. If so, p	ercentage for s	uccessor(s) attached:		%
INITIAL CONTRIBUTION			J	()	Total = 100 °	
Please indicate estimated initi		•				
Source of Funds Due to regulations in the secula additional information regarding that apply to your source of function of Salary/Wages/Saving	ng your employment Inds below. gs	and source of fu	nds you are do estment Capita	nating to RJ Charitable. Ple		ox(es)
O Social Security Bene		O Gift	-			
O Sale of Property or B		_	mbling/Lottery			
O Family/Relatives/Inhe	eritance	O Oth	er			
Employment Status	O Employed	O Not Er	mployed			
Occupation		Em	ployer Name		-	
Employer Address		City	/	State	Zip Cod	e
Contribution Type						
	-	•		Charitable and reference bable // P.O. Box 23559 //		
O Securities and/or C Center	ash held outside R	aymond James	- Upload <u>Gift</u>	of Outside Assets # 0278	38 to Service	
O Cash or Securities	held in a Ravmond	James Accour	nt - Fill out info	ormation below		

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Brokerage	Account N	ame			Raym	ond James Brokerage Acco	unt Number
accounts n	nust have a	ities held for one year or less a release of assets noted in S contributed to pause trading	cratchpad. If th	e account is	managed,	notify the manager of the	_
TRANSFE	ER FROM	OCABLE GIFT TO THE THE ABOVE ACCOUNT BLE ACCOUNT #6013719	THE CASH C			-	
Asset Type	e: O Ent	tire Account					
		sh (select one): O Full Bala	nce or O S	pecific Amou	ınt: \$		
		Utilize Margin? O Yes	O No				
	spe ent	curities - If transferring a port ecified. If fractional shares of ire position held in the accou ser of cost basis or fair marke	stock are contri nt. NOTE: Secu	ibuted, we wi	ill round do	wn to the whole number unle	ess it is the
Number of Shares	Symbol	Security Name	Specific Tax Lot Date	Number of Shares	Symbol	Security Name	Specific Tax Lot Date
Additional a	haraa may	he contributed uping Additional	Contribution For		2702AD		
	-	be contributed using Additional	_	m: Addendun	<u>11 - 2783AD</u> .		
_	_	an addendum? O Yes ends/interest? O Yes	O No O No				
-	•	visors related* to anyone co		this account	t? O	Yes O No	
*The definiti	ion of related	for the purposes of this applications and sisters (of whole or half-block	n is spouse, ances	stor, child, gran	dchild, great		andchild, and
SIGNATU	RES						
agree to its	terms an with this ap	ave received and read the Ray d/or conditions described ther plication is accurate and I will re note accepted, represents an irr	ein. I hereby control of the control	ertify that to James Charita	the best of able promptl	 my knowledge all information ly of any changes. IMPORTAN 	on presented in IT: I understand
Donor Sign	nature	Date		Joint Donor	Signature	Date)
Branch Ma	nager Sign	ature Date	.				
	Р	Please contact <u>RJCHARITABLE</u>		MES.COM or on the state of the		3863 with any questions.	

FA#

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.

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HOW TO MAKE A CONTRIBUTION - These instructions cover contributions of cash and public securities to Raymond James Charitable. If you do not find instructions for your contribution type or if you need assistance, please call your financial advisor.

Contribution Type	Send to Raymond James Charitable	Instructions
Cash		
Check	Donor Account Application (form #02781) and check	Make Checks payable to: Raymond James Charitable and reference Donor Advised Fund Account Name you chose above in memo field
		Send to: RJ Charitable // P.O. Box 23559 // St. Petersburg, FL 33742 or for overnight packages, mail to RJ Charitable // 880 Carillon Parkway // St. Petersburg, FL 33716
Wire Cash	Donor Account Application (form #02781) and the Gift of Outside Assets (form #02788) on RJnet.	Submit completed forms #02781 and #02788 to Raymond James Charitable through Service Center
Securities		
Raymond James Accounts	Donor Account Application (form #02781) and, if needed, Additional Contribution Form Addendum (form #02783)	Submit completed form #02781 and #02783 to Raymond James Charitable through Service Center.
Other Institutions	Donor Account Application (form #02781) and the Gift of Outside Assets (form #02788) on RJnet.	Submit completed forms #02781 and #02788 to Raymond James Charitable through Service Center and contact outside institution to initiate the transfer.

Financial advisors should submit forms via the Service Center portal. If you do not have a financial advisor, you may fax forms to 866.203.1077.

For instructions regarding other types of contributions please contact Raymond James Charitable, below.

Please contact RJCHARITABLE@RAYMONDJAMES.COM or 866.687.3863 with any questions.

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