

**DONOR INFORMATION**

**PRIMARY DONOR**

First, Middle & Last Name: \_\_\_\_\_

SSN or FEIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**JOINT DONOR**

First, Middle & Last Name: \_\_\_\_\_

SSN or FEIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

**ACCOUNT TITLE**

You may select any account title you wish, and you may include your name or any other name in the title. (For example: "John Smith Memorial Fund.") Your account will be titled "The [Primary Donor/Joint Donor] Family Foundation" unless you specify otherwise. \_\_\_\_\_

**HOW DO YOU LIKE TO BE ADDRESSED IN CORRESPONDENCE TO YOU?**

For example, do you prefer "Mr. and Mrs. John Smith" or "John and Jane Smith"?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY FINANCIAL ADVISOR**

Name of donor's Financial Advisor:  
\_\_\_\_\_  
\_\_\_\_\_

Speed Dial Number: \_\_\_\_\_  
Branch Number: \_\_\_\_\_

Representative Number: \_\_\_\_\_

**INITIAL CONTRIBUTION – (MINIMUM: \$20,000)**

- ▶  Cash \$ \_\_\_\_\_  
Please make check payable to "Raymond James Pooled Income Funds."
- ▶  Securities – Please submit a Gift of Raymond James Brokerage Assets Form for shares held at Raymond James or a Gift of Brokerage Assets Form for shares held at other institutions.

**I hereby transfer to:**

- ▶  THE RAYMOND JAMES POOLED INCOME FUND NUMBER 1 – Income objective which seeks income and the preservation of capital; growth of capital may or may not be sought and will always be secondary
- ▶  THE RAYMOND JAMES POOLED INCOME FUND NUMBER 2 – Income with Growth Objective seeks to emphasize income and the preservation of capital over the growth of capital; growth will be an ever present, but secondary, consideration

in accordance with the terms and conditions set forth in its Trust Agreement dated December 1, 2000, the property listed on the attached Forms.

**INCOME BENEFICIARY(IES)** – You may select one or two people to receive the income generated by your account (e.g., you and your spouse, you and your child, your spouse and your sibling, etc.). Once you've determined the beneficiaries, please complete all information below.

**FIRST INCOME BENEFICIARY**

If Donor 1 is also the first income beneficiary, check here  and do not fill out the information for the first income beneficiary.

_____ Name	_____ Social Security number
_____ Address	_____ Daytime phone number
_____ City, state and ZIP	_____ Date of birth

**SECOND INCOME BENEFICIARY**

If Donor 2 is also the second income beneficiary, check here  and do not fill out the information for the second income beneficiary.

_____ Name	_____ Social Security or tax ID number
_____ Address	_____ Daytime phone number
_____ City, state and ZIP	_____ Date of birth

**If there are two income beneficiaries, select ONE of the following:**

- ▶  **Concurrent payments** (Each will receive half of the monthly income for their joint lives with the survivor receiving all the monthly income thereafter for his or her life.)
- ▶  **Consecutive payments** (The first income beneficiary will receive all the monthly income for his or her life, then the second income beneficiary will receive all the monthly income for his or her life.)

**NOTE:**

If you designate yourself to be the first income beneficiary and the second income beneficiary's right to income is consecutive, you may reserve the right to revoke the income interest of the second income beneficiary through your will. Failure to reserve this right will cause you to make a taxable gift for federal gift tax equal to the present value of the second income beneficiary's future income interest.

**IT IS HIGHLY RECOMMENDED THAT, IF YOU NEED TO REDUCE YOUR GIFT OR ESTATE TAX LIABILITY, YOU RESERVE THE RIGHT TO REVOKE BY SIGNING THE STATEMENT BELOW:**

I/We hereby retain the power, exercisable only by will, to revoke the income interest of the successor beneficiary designated by me/us.

\_\_\_\_\_  
Donor 1 signature

\_\_\_\_\_  
Donor 2 signature

## ESTATE TAXES

No estate, inheritance, successor or other death taxes on an interest in the Fund attributable to the property transferred by the donors shall be allocated to or recoverable from the property transferred or from the Fund. I hereby impose upon my estate the obligation to pay any such taxes from sources other than the Fund. These provisions may be enforced by the trustee of the Fund or by Raymond James Charitable.

## BENEFICIARY RECOMMENDATION

Upon the deaths of the income beneficiaries named prior, the value of the units attributable to the donors' donation (the "remainder interest") will be paid to Raymond James Charitable for its general uses and purposes. You, as the donor, may at any time during your life, request the establishment of a donor advised fund account with named successor advisor(s), or recommend the establishment of a donor advised fund account to benefit one or more named charities or areas of charitable interest in lump sum or over time.

### Please check one.

- ▶  I/We recommend that the remainder interest of my/our donation be used to establish an account in Raymond James Charitable, from which my/our designated donor advisor (set forth in the Donor Advisor Selection section) may recommend grant distributions be made to charitable organizations over time.
- ▶  I/We recommend that the remainder interest of my/our donation be used to establish a Donor Advised Fund account in Raymond James Charitable, from which I/we recommend grants be distributed to one or more specific charities or areas of charitable interest in full or in perpetuity as recommended on the attached Legacy Giving Recommendation form(s). I/We understand that all recommendations are subject to the restrictions set forth in the Disclosure Brochure of Raymond James Charitable and the approval of Raymond James Charitable Board of Directors. (Attach Legacy Giving Recommendation form(s).)

You or any person designated by you may recommend to Raymond James Charitable the distribution of the remaining assets to eligible charitable organizations. You or your designee may change this recommendation by notifying the Trustee in writing. Please contact the trustee or your financial advisor for assistance.

## GRANTS TO SPECIFIC CHARITIES

To recommend one or more charities or areas of charitable interest to benefit from the remainder interest, complete and attach one or more Legacy Giving Recommendation Forms.

**DONOR ADVISOR SELECTION**

As an alternative to naming specific charities or areas of charitable interest, donors may elect individuals to serve as successor advisors. They may recommend charitable organizations to receive the proceeds of the remainder interest of your Pooled Income Fund Account either immediately, or over time through Raymond James Charitable. This election can be changed by a donor at any time in writing. Contact the trustee or financial advisor for assistance.

**SUCCESSOR ADVISOR(S)** – A successor advisor may be (a) one or more individuals, including a spouse, relative or other individual, who have reached the age of 18, (b) a corporation or (c) a qualified charity.

Successor Advisors named below will:

- ▶  serve one after the other
- ▶  serve jointly

If there are joint advisors, each may make recommendations independent of the other(s).

\_\_\_\_\_  
Successor Advisor name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security or tax ID number

\_\_\_\_\_  
City, state and ZIP

\_\_\_\_\_  
Birth date and relationship to donor, if individual

\_\_\_\_\_  
Successor Advisor name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security or tax ID number

\_\_\_\_\_  
City, state and ZIP

\_\_\_\_\_  
Birth date and relationship to donor, if individual

Accounts will be established with the same name and investment objective as your Pooled Income Fund account, unless specified otherwise at any time in a letter of instruction by you or your successor advisor.

**SIGNATURES**

I acknowledge that I have received and read the Raymond James Pooled Income Funds Disclosure Brochure and agree to the terms and/or conditions described therein. I understand that any contribution, once accepted by the trustee, represents an irrevocable contribution to Raymond James Pooled Income Funds and is not refundable to me. I hereby certify that to the best of my knowledge all information presented in connection with this application is accurate and I will notify Raymond James Charitable promptly of any changes.

\_\_\_\_\_  
Donor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint donor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Raymond James Trust, Trustee

\_\_\_\_\_  
Agreed by

\_\_\_\_\_  
Date