Instructions for Establishing a Donor Advised Fund

To establish your Jewish Federation Foundation (JFF) Donor Advised Fund, please send us, via mail or fax, the completed and signed JFF Donor Letter of Agreement and the JFF Donor Application Part A and Part B. You may send your completed forms along with any contribution to: Donor Advised Fund Program, Jewish Federation Foundation, 401 Elmgrove Ave., Providence, RI 02906 or email completed and signed forms in PDF format to Trine Lustig, Vice President of Philanthropy, at tlustig@jewishallianceri.org.

1. Complete the JFF Donor Letter of Agreement and insert the name of your fund.
2. Sign and date the agreement. If another person will also be acting as a Donor, both of you must sign.
3. Complete the JFF Donor Application, Part A and Part B.

Part A:
Provide all the requested information about the Founding Donor(s) and, if applicable, additional Signatories.

Part B:
1. Provide the requested information about the assets being contributed to the DAF.
2. Complete part II.
3. Complete part III.

• If you have special instructions regarding the privileges you wish to give to your Signatories, please include them in a cover letter.
• Contributions by checks should be made payable in U.S. dollars to: Jewish Federation Foundation.
• Please put the name of the fund in the memo area of your check.
• If you wish to contribute securities, make a wire transfer or discuss a gift of other assets, please see the enclosed JFF Donor Advised Fund Asset Transfer Instructions or call Trine Lustig at 401.421.4111 ext. 223.

Please contact JFF at 401.421.4111 any time you want to request changes to your fund.
Donor letter of agreement

To: Donor Advised Fund Program
   Jewish Federation Foundation
   401 Elmgrove Ave., Providence, RI 02906

This is a letter of agreement between the undersigned donor(s) and Jewish Federation Foundation (JFF) to establish a Donor Advised Fund under and subject to the JFF Procedures for the Operation of Donor Advised Funds, as such procedures may be amended from time to time. The name of the fund will be the __________________________________________________________________________ (the Fund).

I/we acknowledge that JFF has all of the powers needed to carry out its purposes including, without limitation, the following:

- To receive from donor or other persons or entities, additional gifts to the Fund;
- To keep, sell, invest, and reinvest the assets contributed;
- To commingle for investment purposes the assets contributed; and
- To distribute the contributed assets to charitable organizations within the scope of its guidelines.

Donor(s) shall have the privilege of making written recommendations with respect to investments of, and distributions from, the Fund. However, I/we acknowledge that, in accordance with Internal Revenue Code (IRC) requirements, such recommendations are advisory only, and that JFF shall be the absolute owner of and shall have exclusive legal control over the assets of the Fund, and shall have ultimate authority over investments of the Fund, the selection of organizations to receive distributions from the Fund, and the timing and amounts of the distributions. We also acknowledge that JFF will distribute funds contributed, and income earned by these funds, solely to public charities described in section 509(a)(1) or (2) of the IRC, to public charities described in section 509(a)(3) of the IRC that are not disqualified Supporting Organizations as defined in section 4966(d)(4) of the IRC, or to governmental units described in section 170(c)(1) of the IRC, exclusively for public purposes that are consistent with JFF's charitable purposes.

The agreement with JFF to establish and maintain the Fund consists of this letter of agreement and the donor application that is attached to this letter. The agreement will be effective once it is accepted and signed by JFF and your contribution has been received and accepted by JFF.

Donor's Name (please print)  Signature  Date

Joint Donor Name (please print)  Signature  Date

Accepted by the Jewish Federation Foundation:

By: Trine Lustig, Vice President of Philanthropy  Date
Donor Application- Part A

Founding Donor & Signatory #1

Name ______________________________________________________________________________

Signature ___________________________________________________________________________

Address ____________________________________________________________________________

City _____________________________ State ____ Zip _______ Daytime Phone ___________________

Cell Phone ___________________________ Other Phone ____________________________________

Email _______________________________________ Fax ____________________________________

Date of Birth ______________________

☐ This signatory is allowed to make grant recommendations.
☐ JFF is allowed to include this signatory’s address in grant letters to recipient organizations.
☐ Default name to include on letters to recipient organizations: _____________________________

__________________________________________________________________________

☐ Please make all grants from this signatory anonymous.

Joint Donor & Signatory #2

Name ______________________________________________________________________________

Signature ___________________________________________________________________________

Address ____________________________________________________________________________

City _____________________________ State ____ Zip _______ Daytime Phone ___________________

Cell Phone ___________________________ Other Phone ____________________________________

Email _______________________________________ Fax ____________________________________

Date of Birth ______________________

☐ This signatory is allowed to make grant recommendations.
☐ JFF is allowed to include this signatory’s address in grant letters to recipient organizations.
☐ Default name to include on letters to recipient organizations: _____________________________

__________________________________________________________________________

☐ Please make all grants from this signatory anonymous.
**Successor Advisors/Disposition of the Fund:** Upon the death or disability of all of the above-named signatories, we recommend that recommendations be made by:

### Additional Signatories

#### Signatory #3

Name ___________________________________ Signature ____________________________________
Address _____________________________________________________________________________
City _____________________________ State____ Zip_________ Daytime Phone____________________
Cell Phone ___________________________ Other Phone _____________________________________
Email _______________________________________ Fax _____________________________________
Date of Birth__________________ Relationship to Founding Donor _______________________________

- This signatory is allowed to make grant recommendations.
- This signatory is allowed to make grant recommendations upon the death or disability of both Founding and Joint Donor.
- JFF is allowed to include this signatory's address in grant letters to recipient organizations.
- Default name to include on letters to recipient organizations: _____________________________

- Please make all grants from this signatory anonymous.

#### Signatory #4

Name ___________________________________ Signature ____________________________________
Address _____________________________________________________________________________
City _____________________________ State____ Zip_________ Daytime Phone____________________
Cell Phone ___________________________ Other Phone _____________________________________
Email _______________________________________ Fax _____________________________________
Date of Birth__________________ Relationship to Founding Donor _______________________________

- This signatory is allowed to make grant recommendations.
- This signatory is allowed to make grant recommendations upon the death or disability of both Founding and Joint Donor.
- JFF is allowed to include this signatory's address in grant letters to recipient organizations.
- Default name to include on letters to recipient organizations: _____________________________

- Please make all grants from this signatory anonymous.

To add or remove Signatories and to recommend the final disposition of the fund, please contact Trine Lustig at JFF at 401.421.4111 ext. 223.
Successor Advisors/Disposition of the Fund: Upon the death or disability of all of the above-named signatories, we recommend that recommendations be made by:

Additional Signatories

Signatory #5

Name ___________________________________ Signature ____________________________________

Address ____________________________________________________________________________

City _____________________________ State _______ Zip_________ Daytime Phone____________________

Cell Phone ___________________________ Other Phone _____________________________________

Email _______________________________________ Fax _____________________________________

Date of Birth__________________ Relationship to Founding Donor _______________________________

☐ This signatory is allowed to make grant recommendations.
☐ This signatory is allowed to make grant recommendations upon the death or disability of both Founding and Joint Donor.
☐ JFF is allowed to include this signatory’s address in grant letters to recipient organizations.
☐ Default name to include on letters to recipient organizations: _____________________________

☐ Please make all grants from this signatory anonymous.

Signatory #6

Name ___________________________________ Signature ____________________________________

Address ____________________________________________________________________________

City _____________________________ State _______ Zip_________ Daytime Phone____________________

Cell Phone ___________________________ Other Phone _____________________________________

Email _______________________________________ Fax _____________________________________

Date of Birth__________________ Relationship to Founding Donor _______________________________

☐ This signatory is allowed to make grant recommendations.
☐ This signatory is allowed to make grant recommendations upon the death or disability of both Founding and Joint Donor.
☐ JFF is allowed to include this signatory’s address in grant letters to recipient organizations.
☐ Default name to include on letters to recipient organizations: _____________________________

☐ Please make all grants from this signatory anonymous.

☐ Yes, please include me in the Dor l’Dor Society, the Jewish Federation Foundation’s Planned Giving and Bequest Society.

I/We would like to recommend that a percentage or a fixed amount of the Donor Advised Fund assets be transferred to the Jewish Federation Foundation as a permanent Endowment Fund for the Jewish Alliance of Greater Rhode Island’s Annual Campaign and/or to benefit specific Jewish organizations or areas of interest supporting the Jewish community.

To add or remove Signatories and to recommend the final disposition of the fund, please contact Trine Lustig at JFF at 401.421.4111 ext. 223.
Donor Application- Part B

I. Initial Contribution ($2,500 Minimum)

Cash Amount (To wire funds, see enclosed Asset Transfer Instructions)

Check $ ________________________________ Wire $ ________________________________

Credit Card $ ________________________________

Credit Card type  □ Visa  □ MasterCard  □ Discover  □ American Express

Credit Card number ________________________________ Exp. Date ______________

CVC/Security Code __________ (For Visa, MasterCard, and Discover cards, the code is the last 3 digit number located on the BACK of your card on or above your signature line. For an American Express card, it is the 4 digits on the FRONT above the end of your card number.)

Billing Address (including zip code) ________________________________

Securities of Publicly Traded Companies: (See JFF Donor Advised Fund Asset Transfer Instructions)

Company ________________________________ # of Shares ____________________

Company ________________________________ # of Shares ____________________

Company ________________________________ # of Shares ____________________

Company ________________________________ # of Shares ____________________

Please see the JFF Donor Advised Fund Asset Transfer Instructions for more information on making gifts of State of Israel Bonds, mutual fund shares or other assets, or call Manny daRosa at 401.421.4111, ext. 167 for more information.

II. Authorization to List Name of Fund

Please initial below to authorize JFF to list the name of this fund in any published listings of JFF Donor Advised Funds.

Name of Fund: _____________________________________________________________

Initial: __________ Joint Donor Initial: _________

III. How Did You Learn About JFF's DAF Program?

Referred by: __________________________________ Print Advertisement: _______________________

Other: _______________________________________________________________
**Grant Recommendation Form**

**Fund Name:** ___________________________________________________  **Fund #:** ______________________

In accordance with the terms of the above-named Donor Advised Fund established at the Jewish Federation Foundation of the Jewish Alliance of Greater Rhode Island, it is suggested that you pay out of the income and, if necessary, out of the principal, the following amount(s) to the following organization(s):

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Please note: All distributions must be made in multiples of either $50 or $18 (chai) and each distribution must be a minimum of $50. The above suggested distribution(s) do not represent payment of any legally binding pledge, financial obligation, or payment in return for goods or services provided to any party, and no member of my family, including myself, will receive a personal benefit from this suggested distribution.

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**Recommended By (please print)**

______________________________  ___________________
Signature                        Date
Authorization of Email Grant Recommendations

1. Name of Donor Advised Fund _______________________________________________________

2. Persons authorized to transact via email
The individuals listed below are authorized to make grant recommendations from the above Donor Advised Fund via email. This authorization remains in effect until JFF is notified in writing of a change, addition, or removal of email address.

Only Signatories on record with JFF may make grant recommendations via email.

3. CERTIFICATION
By affixing my individual signature below, I certify that I am authorized to make grant recommendations for the above-named fund and that by sending a grant recommendation via my corresponding individual email address listed below, the grant recommendation is being made by the corresponding named person. I further certify that the grant recommendation(s) will not represent payment of any legally binding pledge, other financial obligation or payment in return for goods or services provided to any party, and that no member of my family, including myself, will receive a personal benefit from this suggested distribution. If the email address has been accessed by an unauthorized user, I will immediately inform JFF to stop accepting grant recommendations via email for the above named fund and update the form as appropriate.

Name (please print) ___________________________________________________________________
Email Address ____________________________________ Signature ____________________________

Name (please print) ___________________________________________________________________
Email Address ____________________________________ Signature ____________________________

Name (please print) ___________________________________________________________________
Email Address ____________________________________ Signature ____________________________

Name (please print) ___________________________________________________________________
Email Address ____________________________________ Signature ____________________________

Name (please print) ___________________________________________________________________
Email Address ____________________________________ Signature ____________________________

Name (please print) ___________________________________________________________________
Email Address ____________________________________ Signature ____________________________
Asset Transfer Instructions

Before you initiate any electronic transfer to your DAF, please notify Manny daRosa at 401.421.4111 ext. 167, or by email at: mdarosa@jewishallianceri.org.

To Contribute Publicly Traded Securities Held By Your Broker:
Instruct your broker to transfer the securities as follows:
Account Name: Jewish Federation of Rhode Island
Tax I.D. Number: 05-0259003
Brokerage Firm: Vanguard Brokerage Services
Account number: 31376953
DTC Number: #0062

To Contribute State of Israel Bonds
To make contributions of State of Israel Bonds, please contact Manny daRosa at 401.421.4111 ext. 167, or by email at: mdarosa@jewishallianceri.org.

To Contribute Stock Certificates Held by You
Contact Manny daRosa at 401.421.4111 ext. 167, or by email at: mdarosa@jewishallianceri.org to request stock power forms. We will guide you through the process of executing and delivering these forms along with your stock/bond certificates.

To Contribute Mutual Funds:
Contact Manny daRosa at 401.421.4111 ext. 167, or by email at: mdarosa@jewishallianceri.org for assistance. We will check with your mutual fund company regarding signature guarantee requirements and other requirements. Typically, a letter of instruction will be required. Some mutual fund transfers can take weeks to complete. Donors wishing to ensure completion of a gift prior to a specific deadline such as calendar year end should begin this process well in advance.

To Contribute by Check:
Mail your check, in U.S. dollars to:
Jewish Federation Foundation
Attn: Donor Advised Fund Program
401 Elmgrove Ave.
Providence, RI 02906

Cash by Wire:
Please contact Manny daRosa at 401.421.4111 ext. 167, or by email at: mdarosa@jewishallianceri.org for information on transferring cash to your DAF by wire.
JFF Donor Advised Fund Program Contacts:

Trine Lustig  
*Vice President of Philanthropy*  
401.421.4111 ext. 223  
tlustig@jewishallianceri.org

Manny daRosa  
*Chief Operating Officer*  
401.421.4111 ext. 167  
mdarosa@jewishallianceri.org

Danielle Germanowski  
*Administrative Assistant, FRD*  
401.421.4111 ext. 109  
dgermanowski@jewishallianceri.org