



401 Elmgrove Avenue | Providence, RI 02906 | jewishallianceri.org

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.



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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 |
|--------------------------------------------------|------|



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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.



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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.



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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.



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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: _____



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Grant Recommendation Form

Date ____ / ____ / ____

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):

| | | |
|-----------------------|----|--------|
| Name of Organization | \$ | Amount |
| Address | | |
| City, State, Zip Code | | |
| Comments | | |

| | | |
|-----------------------|----|--------|
| Name of Organization | \$ | Amount |
| Address | | |
| City, State, Zip Code | | |
| Comments | | |

| | | |
|-----------------------|----|--------|
| Name of Organization | \$ | Amount |
| Address | | |
| City, State, Zip Code | | |
| Comments | | |

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.

Recommended By (please print) _____

Signature _____

_____ Date



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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) _____
First Middle Last

Email Address _____ Signature _____

Name (please print) _____
First Middle Last

Email Address _____ Signature _____

Name (please print) _____
First Middle Last

Email Address _____ Signature _____

Name (please print) _____
First Middle Last

Email Address _____ Signature _____

Name (please print) _____
First Middle Last

Email Address _____ Signature _____



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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.



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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