

Step 1: Name Your Fund

FULLER DONOR-ADVISED FUND APPLICATION

Please complete the following application to establish a Fuller Donor-Advised Fund. You may email or mail the completed application. If you have any questions about completing this form, please contact Client Services at (626) 792-3232 or clientservices@thefullerfoundation.org.

Jane Doe Family Fund, Smith Family Fund), or in memory	of someone. Grant
acknowledgement letters sent to charities will reference this send grants anonymously.	s name, unless you choose to
, ,	Fund
Step 2: Appoint Advisor(s)	
The individual(s) establishing the fund is the donor and serving appoint additional Advisors, allowing them the privilege additional sheets, if necessary.	
Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Rev. ☐ Dr. ☐	
Name:	Suffix:
Social Security Number:Da	ate of Birth://
Address:	
City:Sta	ate:Zip:
Home Phone: Business/Cell	l Phone:
†Email:	
Full Access to DonorView Website? □†Yes □ No □ Account Statement Delivery Preference? □Email □	•
Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Rev. ☐ Dr. ☐	
Name:	Suffix:
Social Security Number: Da	
Address:	
City:Si	
Home Phone: Business/Cell	l Phone:
†Email:	
Full Access to DonorView Website? □†Yes □ No □	•
Account Statement Delivery Preference? □Email □	Mail

†Required if you would like access to the online DonorView website

Step 3: Designate Successor Advisor(s) or Charitable Beneficiary

You may designate individuals as Successor Advisor(s) to succeed you in advising on the fund upon the death of the surviving Advisor, or you may name one or more charities as the Charitable Beneficiary of the funds. If no Successor Advisor or Charitable Beneficiary is elected, The Fuller Foundation will award grants consistent with your last advised purpose. Attach additional sheets, if necessary.

Successor Advisor(s)			
You may choose to retain assets in the fund, administration. If you choose to create separa desired division of assets by percentage belo	ate funds and div		
Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Rev. ☐ Dr. ☐			
Name:		Suffix:	
Social Security Number:	Date	e of Birth://	
Address:			_
City:	State:	Zip:	
†Email:	Primary F	Phone:	
Full Access to DonorView Website? □†Yes	□ No □ Read-0	Only	
Relationship to Primary Advisor:			
P	ercent of Fuller D	onor-Advised Fund:	_%
Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Rev. ☐ Dr. ☐			
Name:		Suffix:	
Social Security Number:			
Address:			
City:			
†Email:	Primary F	Phone:	
Full Access to DonorView Website? □†Yes	□ No □ Read-0	Only	
Relationship to Primary Advisor:			<u> </u>
Pi	ercent of Fuller D	onor-Advised Fund:	%
	Combin	ed Total Must Equal: <u>100</u>	%
Charitable Beneficiary			
You may designate a specific percentage eac If no percentages are entered, The Fuller Fou listed charities.	ndation will disbu	ırse funds evenly among t	
Organization Name:			
Address:			
City:			
EIN:			
	Percent of Fulle	er Donor-Advised Fund:	%

Step 4: Recommend an Investment Option	
Recommend how to allocate your contributions by choosing among the available options. If you would like more detailed descriptions of these investment options, please contact Client Services. The combined total must equal 100%.	Percent of Total:
1. Fuller Conservative Pool Aims for long-term capital preservation and limited asset growth, through a passively managed allocation of 25-40% equities and 60-75% fixed income.	%
2. Fuller Balanced Pool Aims for a mix of capital preservation, current income, and asset growth, through an allocation of 55-65% equities and 35-45% fixed income.	%
3. Fuller Growth Pool Aims for asset growth through an allocation of 80-95% equities and 5-20% fixed income.	%
4. Fuller Endowment Pool Aims to provide donors with long-term returns and limited volatility, through an allocation of 50-60% equities, 5-20% fixed income, and 20-35% alternatives.	%
5. Fuller Socially Responsible Pool Aims for equity investments with social impact. Consists of 100% socially screened equities.	%
Combined Total Must Equal:	<u>100</u> %
Step 5: Make an Initial Contribution	
Please refer to The Fuller Foundation Donor-Advised Funds Guide for information types of gifts which can be accepted.	on the
The minimum initial contribution of \$5,000 should be made at the time your Fuller Advised Fund agreement is signed. Complete the applicable section below and chappropriate box.	
□ Check in the amount of \$ Check(s) should be made payable to "The Fuller Foundation". Include the name of your Fuller Donor-Advised Fund in the memo on check.	
□ Wire in the amount of \$ Please contact Client Services for cash wiring instructions.	
☐ Marketable securities or mutual fund shares: Name of security or mutual fund: Number of shares: Please contact Client Services for share transfer instructions.	
☐ Complex assets (e.g., real estate, restricted stock, partnership interests, exclude marketable securities, and life insurance)	ding
☐ Assets gifted at a later time (at death or deferred) Please contact Client Services for additional information.	
□ Other:	

Statement Distribution

For Advisors with online access to the DonorView Website, account statements will be available for download on a monthly basis. If alternate statement preferences are preferred, please contact Client Services.

Step 6: Review and Sign Acknowledgement		
I (we) acknowledge that I (we) have read The F and agree to the terms and conditions described (our) contribution(s) to qualify as an income tax ownership and custody of my (our) donated pro Foundation, that my (our) communication regard advisory only and ultimate decision and control responsibility of The Fuller Foundation.	d therein. I (we) understand that in order for my deduction, my (our) gift is irrevocable, and the perty will be fully relinquished to The Fuller ding my (our) Fuller Donor-Advised Fund is	
Primary Advisor's Name		
Primary Advisor's Signature	Date	
Additional Advisor's Name		
Additional Advisor's Signature	Date	

9/2018