

# Donor Advised Fund (DAF) Application Form

Donor Name \_\_\_\_\_

Fund Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Primary Contact \_\_\_\_\_ Signature \_\_\_\_\_

Name of Secondary Contact \_\_\_\_\_ Signature \_\_\_\_\_

ABC-Region/Partner \_\_\_\_\_

Online Access Desired ABF REP \_\_\_\_\_

**INITIAL INVESTMENT (IN DOLLARS) \$** \_\_\_\_\_

**Fund:**

**Percentage:**

Blended Portfolio (approximately 70% stock, 30% fixed income) \_\_\_\_\_ %

Stock Portfolio (all stock) \_\_\_\_\_ %

Fixed Income Portfolio (all fixed) \_\_\_\_\_ %

ESG Portfolio (approximately 70% stock, 30% fixed income) \_\_\_\_\_ %

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I (we), the undersigned, am (are) duly authorized to execute this application on behalf of Participant referenced above. I (we) certify that Participant has read, understood and agreed to all statements in the following documents of the American Baptist Foundation:

Investment & Endowment Fund Plan (rev. \_\_\_\_\_)

Investment Disclosure Statement (rev. \_\_\_\_\_)

Donor Advised Fund (DAF) Agreement

## AUTHORIZED SIGNATURE(S):

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed application to the ABF office. Feel free to contact us if you have additional questions by Phone (610) 768-2035 or by email at [ABFaccounts@abc-usa.org](mailto:ABFaccounts@abc-usa.org).