

American Center for Philanthropy



OPEN A CHARITABLE GIFT ACCOUNT

ACCOUNT APPLICATION.

USE THIS FORM TO OPEN A CHARITABLE GIFT ACCOUNT FOR INDIVIDUALS.

- Complete all sections of this form (Steps 1-6).
- Remember to have all Donors sign the completed application.
- Mail your completed form to:
11 Bridge Square, Suite 200
Northfield, MN 55057
507.321.4027

1. SELECT DONOR(S) AND NOMINATOR(S)

PROVIDE DONOR INFORMATION *(If necessary, please make a photocopy of this sheet and attach.)*

Please note: Each Donor of an account, acting individually, has the authority to make contributions, nominate grants to charities, recommend the re-allocation of investment models, select Nominators, and recommend Successor or charitable beneficiaries for the account as a whole.

Donor #1 *(Primary recipient for all account correspondence.)*

Name <i>(First)</i>	<i>(Middle)</i>	<i>(Last)</i>
Mailing Address:		
<i>(City)</i>	<i>(State)</i>	<i>(Zip code)</i>
Home/Cell # ()	Business Telephone# ()	
Email Address		
Social Security Number		
Birthdate <i>(mm/dd/yyyy)</i>		

Donor #2

Name <i>(First)</i>	<i>(Middle)</i>	<i>(Last)</i>
Mailing Address:		
<i>(City)</i>	<i>(State)</i>	<i>(Zip code)</i>
Home/Cell # ()	Business Telephone# ()	
Email Address		
Social Security Number		
Birthdate <i>(mm/dd/yyyy)</i>		

PROVIDE NOMINATOR INFORMATION. (optional, up to two)

Donors may wish to select up to two individuals (such as investment managers, CPAs, family members or others) in an advisory role as Nominators. Each account Nominator has the authority to submit grant nominations and recommend the re-allocation of investment pools.

Nominator #1

Name (First)	(Middle)	(Last)
Company Name (if applicable)		Title
Mailing Address:		
(City)	(State)	(Zip code)
Home/Cell # ()	Business Telephone# ()	
Email Address		
Social Security Number or Tax ID#		
Birthdate (mm/dd/yyyy)		Relationship to Donor

Nominator #2

Name (First)	(Middle)	(Last)
Company Name (if applicable)		Title
Mailing Address:		
(City)	(State)	(Zip code)
Home/Cell # ()	Business Telephone# ()	
Email Address		
Social Security Number		
Birthdate (mm/dd/yyyy)		Relationship to Donor

2. SELECT FUND NAME

Please select a name for your ACP Charitable Gift Fund:

_____ (e.g. Johnson Family Fund)

3. INVESTMENT MODEL

Accounts with a balance less than \$5,000 will be held in cash. When/if your account exceeds that amount, please select one of the choices below as to how ACP should allocate your funds. The investment model should be consistent with the duration of your charitable intentions. The default model will be the ACP 0 if no model is selected.

(Please INITIAL one):

- _____ ACP 0 (100% Fixed Income)
- _____ ACP 25 (25% Equity 75% Fixed Income)
- _____ ACP 60 (60% Equity 40% Fixed Income)
- _____ ACP 100 (100% Equity)

4. IDENTIFY CONTRIBUTION SOURCE

A minimum initial contribution of \$5,000 (market value) is required per account. Please identify contributions made by each Donor. (If necessary, please make a photocopy of this sheet and attach.)

- Check or money order enclosed for \$ _____ (Make payable to American Center for Philanthropy)
- Transfer assets from Charles Schwab Account # _____ - _____ Approximate value: \$ _____
- Security certificates (held in personal possession)
- Transfer assets held at other financial institutions - Approximate value: \$ _____

5. DESIGNATE SUCCESSOR(S) OR BENEFICIARY

Donors have the option of *either* (1) naming up to two individuals to succeed them as Donor-Advisors of the account, (2) nominating charitable organizations to receive the remaining proceeds, OR (3) naming ACP Philanthropy Fund as the beneficiary upon the death, incapacity or other disqualification of ALL Donors on the account.

If you do not make a selection, you will be deemed as having selected the ACP Philanthropy Fund for disbursement in accordance with its grant making policies. This selection can be changed at any time via the *Update Account Information* form.

Successor #1

Name (First)	(Middle)	(Last)
Company Name (if applicable)		Title
Mailing Address:		
(City)	(State)	(Zip code)
Home/Cell # ()	Business Telephone# ()	
Social Security Number		
Birthdate (mm/dd/yyyy)	Relationship to Donor	

Successor #2

Name (First)	(Middle)	(Last)
Company Name (if applicable)		Title
Mailing Address:		
(City)	(State)	(Zip code)
Home/Cell # ()	Business Telephone# ()	
Social Security Number		
Birthdate (mm/dd/yyyy)	Relationship to Donor	

Please select one of the following options to determine how Successor(s) may become Successor Donor-Advisors(s) upon the death, incapacity, or other disqualification of all Donors on the account:

- Successor(s) named above succeed(s) to the account with full rights as Donor-Advisors(s).
- Successor #1 named above succeeds to the account with full rights as Donor-Advisor. Successor #2 is a Contingent Successor, and succeeds to the account only upon the death, incapacity, refusal to serve or other disqualification of Successor # 1.

Beneficiary Charitable Organization #1

Organization		
Mailing Address:		
(City)	(State)	(Zip code)
Telephone # ()		
Federal Tax ID #	Percentage of Charitable Account or Dollar Amount	

Beneficiary Charitable Organization #2

Organization		
Mailing Address:		
(City)	(State)	(Zip code)
Telephone # ()		
Federal Tax ID #	Percentage of Charitable Account or Dollar Amount	

*All recommendations of charitable beneficiaries are subject to the approval of the Fund, in its complete discretion, at the time the gift would otherwise take effect. If the Fund determines not to make the donation to one of the two recommended charitable organizations, the entire balance will be donated to the other charitable organization. If the Fund determines not to make the donation to either recommended charitable organization, the entire balance will be transferred to The Philanthropy Fund for disbursement in accordance with its grant-making policies.

NAME THE ACP PHILANTHROPY FUND AS BENEFICARY (Default option)

- Donate remaining assets in the account to The Philanthropy Fund for disbursement in accordance with its grant making policies. Donation will occur upon the death, incapacity or other disqualification of all Donors of the account.

6. AGREE TO TERMS

I hereby request that ACP open a Charitable Gift Account as indicated above, which will constitute a donor-advised account of ACP. I understand that any contribution, once accepted by the Fund, represents an *irrevocable contribution* to the Fund and is not refundable to me for any reason. I agree to read and be bound by the terms of the Charitable Gift Account Program Guide as applicable (the "Program Guide") as currently in effect and as amended from time to time. If I do not receive or understand the Program Guide, I will notify ACP.

I understand that I may make recommendations concerning the investment of account assets among the designated investment pools, and may make recommendations concerning grants or award to charitable organizations from the account. While ACP will give careful and thoughtful consideration to all such recommendations, I understand that final decisions concerning the investment of account assets and all grants or awards from the account will be made by ACP. I further understand that no recommended grants from the account may be used to discharge or satisfy a charitable pledge or obligation that is legally enforceable against me or any other person, or to pay for goods or services of value received by me or any other person.

If I am making a contribution close to year-end, I understand that, for tax purposes, the effective date of my contribution could be deemed to occur in the next calendar year.*

If there is more than one Donor on the account, each Donor has authority, acting individually and without notice to any other account Donor, to deal with the Fund as fully and completely as if the Donor is the sole account Donor and may make any changes to the account (besides removing other account Donors).

I hereby certify that, to the best of my knowledge, all information represented in connection with this application is accurate, and I will promptly notify ACP in writing of any changes.

SIGNATURES REQUIRED (All Donors of the account must sign below)

Donor # 1	Dated
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Donor # 2	Dated
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*See the **ACP Program Guide** for important information regarding contributions made close to year-end when a deduction is desired in the same calendar year.