

## DONOR INFORMATION

	DONOR	DONOR
Name	_____	_____
Address	_____	_____
City, State, Zip	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
Birth Date	_____	_____
Email	_____	_____

## ADVISOR INFORMATION

(All account information will be sent to the authorized advisor(s) listed below, unless indicated otherwise\*)

Self (If other, fill in fields below)

	ADVISOR	ADVISOR
Name	_____	_____
Address	_____	_____
City, State, Zip	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
Email	_____	_____
Relationship to Donor	<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____

\*Send account information only upon death of donor

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## DONOR ADVISED FUND NAME

Choose the name of your irrevocable Donor Advised Fund.

I prefer that all grants from this Donor Advised Fund be anonymous. To ensure anonymity, please do not include your name in the fund name.

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

## REFERRAL INFORMATION

I learned about creating a Donor Advised Fund through Orchard Alliance from:

Online through DonorFirst™    Charity Representative \_\_\_\_\_    Other \_\_\_\_\_

## SUCCESSOR ADVISORS

Please list individuals who will have advisory rights in the event of your disability or demise. If no successor advisor is selected, please list your recommendation of Charitable Beneficiaries to receive any remaining assets at your death.

### SUCCESSOR ADVISOR

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Relationship to Donor  Spouse  Son  
 Daughter  Other \_\_\_\_\_

### SUCCESSOR ADVISOR

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Spouse  Son  
 Daughter  Other \_\_\_\_\_

Donor-imposed restrictions for successor advisors to follow:

*Orchard Alliance reserves the right to exercise ultimate discretion in regard to implementing donor-imposed restrictions on grants.*

## RECOMMENDED FUND BENEFICIARIES

Organization Name \_\_\_\_\_  
 Organization Mailing Address \_\_\_\_\_  
 Specific Designation / Use of Funds \_\_\_\_\_  
 Percentage to this Organization \_\_\_\_\_  
 Amount of Initial Funding (minimum of \$10,000) \_\_\_\_\_

## METHOD OF FUNDING

Immediate Funding:

Cash  Non-Cash Property (please describe)  
 Charitable Lead Trust \_\_\_\_\_

Deferred Funding: Select all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Retirement Accounts (Beneficiary Designation) | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Insurance Policies (Beneficiary Designation)  | <input type="checkbox"/> Revocable Living Trust     |
| <input type="checkbox"/> Annuity Accounts (Beneficiary Designation)    | <input type="checkbox"/> Other (please describe)    |
| <input type="checkbox"/> Bequest from Will                             |   |

Attached is a copy of funding documentation.

**Note:** The minimum grant request is \$250 per grant or \$100 per recurring grant.

*If Orchard Alliance is holding non-cash property for the benefit of a DAF, distributions from the DAF will be partially to fully restricted in order for Orchard Alliance to retain a cash balance in the DAF of up to thirty percent (30%) of the market value of the non-cash property being held in order to pay any and all expenses of maintaining the property in good and marketable condition.*

## STATEMENT OF UNDERSTANDING

*By completing and signing this application (or agreement), I certify that I understand the Donor Advised Fund (DAF) I am creating is an irrevocable agreement and that ownership, custody, and control of our donated funds have been given to Orchard Alliance. I hereby acknowledge that I have read Orchard Alliance's Statement of Faith, and I understand that Orchard Alliance's adherence to such Statement of Faith will be the basis upon which distributions to charitable beneficiaries will be evaluated. I also understand that any requested distributions to charities whose mission is determined by Orchard Alliance's Board of Stewards to be antithetical to Orchard Alliance Statement of Faith will be disqualified as beneficiaries under the DAF administered by Orchard Alliance. I will abide by the DAF policies as set forth by Orchard Alliance and understand that those policy restrictions may exceed the minimum government requirements. I understand fees will be charged for administering this account, and I acknowledge and have read the current fee schedule. I acknowledge that our communication with Orchard Alliance regarding the administration of this account will be advisory only and that the ultimate decisions and discretion regarding these funds is the responsibility of Orchard Alliance. Even though the DAF is irrevocable, to ensure that the fund is a qualified component of the DAF Charity for federal tax purposes, the DAF Charity, acting alone, shall have the power to modify the terms of the agreement solely to the extent required to ensure such qualification. This agreement shall be governed by the laws of the State of Colorado.*

### APPLICANT / FUND ADVISOR

### APPLICANT / FUND ADVISOR

Name (please print) \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

### ORCHARD ALLIANCE

Authorized Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Authorized Title \_\_\_\_\_

Date \_\_\_\_\_