



**Donor-Advised Fund Application**

*Section 1: Donor Information.* Each of the Donors, acting individually, has the right to: (1) make recommendations for grants to be made from the account; (2) make a recommendation for your choice of an investment pool; (3) name successor advisers; and (4) make recommendations that the entire account balance be donated to one or more qualifying charities on the Donors' death. All account correspondence will be sent to Donor 1.

DONOR 1			DONOR 2		
Name _____			Name _____		
- - - - - / - - - - - / - - - - -			- - - - - / - - - - - / - - - - -		
Social Security #		Date of Birth	Social Security #		Date of Birth
Mailing Address _____			Mailing Address _____		
City	State	Zip	City	State	Zip
Company Name (if applicable) _____			Company Name (if applicable) _____		
( ) ( ) ( )			( ) ( ) ( )		
Day Phone		Evening Phone	Day Phone		Evening Phone
E-Mail Address _____			E-Mail Address _____		

*Section 2: Account Name.* You may name your account, for example, “The Smith Family Fund.” (Please do not use the words “trust”, “endowment”, “charitable”, “gift”, or “foundation” in the name). Grants will be accompanied by a letter identifying your Account Name, unless you request that the donation be made anonymously. If no Account Name is specified, the names shown in Section 2 will be used or, in Section 1.

\_\_\_\_\_ Account Name

*Section 3: Irrevocable Contribution Amount.* A minimum initial contribution of \$10,000 is required. Please identify the source of your contribution and amount:

Approximate value: \$ \_\_\_\_\_

\_\_\_\_\_ Check or money order enclosed to:  
*Tompkins Charitable Gift Fund, Inc.*  
*PO Box 6639*

\_\_\_\_\_ Wire transfer to:  
*Tompkins Trust Company*  
*ABA 0213 02648*

Ithaca, NY 14851-6639

GL # 20101060

Attn: TCGF, Tompkins Ithaca

\_\_\_\_\_ Transfer assets from Tompkins Trust  
Company account:  
Acct. Number \_\_\_\_\_

\_\_\_\_\_ Transfer assets held at other  
financial institutions:  
Sign and mail Letter of  
Instruction to the firm.

*Section 4: Select Investment Pool.* Indicate below your recommendation for allocation of your account in one of the available investment pools. You may recommend re-allocation at any time by providing TCGF with an Account Change Form. If you do not specify the investment pools, your contributions will be allocated to the Income Pool.

\_\_\_\_\_ Aggressive Growth Pool  
\_\_\_\_\_ Income Pool

\_\_\_\_\_ Growth with Income Pool  
\_\_\_\_\_ Socially Responsible

*Section 5: Designate Successor(s).* You may name individuals to succeed as Donor-Advisers of your account or nominate charitable organizations to receive the remaining proceeds upon the death, incapacity, or other disqualification of all Donors. If you make no selection, the account balance will be transferred to Philanthropy Fund. You may change these designations by providing TCGF with an Account Change Form.

**A. Name Individual (s)** (Use additional sheets if necessary).

INDIVIDUAL 1			INDIVIDUAL 2		
Name			Name		
_____-_____-_____/_____/_____			_____-_____-_____/_____/_____		
Social Security #		Date of Birth	Social Security #		Date of Birth
Mailing Address			Mailing Address		
City	State	Zip	City	State	Zip
(_____)_____	(_____)_____	(_____)_____	(_____)_____	(_____)_____	(_____)_____
Day Phone		Evening Phone	Day Phone		Evening Phone

Please select one of the following options:

\_\_\_\_\_ Person(s) named above succeeds to all of Donor's rights in account, jointly if more than one Person is named.

\_\_\_\_\_ Separate accounts will be established for each of the Persons named above (in equal amounts, with \$10,000 minimum per account). If each such separate account would not have a minimum balance of \$10,000, the Persons named above will be provided the option of recommending

immediate distribution of the entire amount or of combining their separate accounts to create one account of at least \$10,000.

**B. Recommend Successor Charity(ies).** (Use additional sheets if necessary).

ORGANIZATION 1			ORGANIZATION 2		
<hr/> <i>Organization</i>			<hr/> <i>Organization</i>		
<hr/> <i>Federal Tax ID Number (if available)</i>			<hr/> <i>Federal Tax ID Number (if available)</i>		
<hr/> <i>Mailing Address</i>			<hr/> <i>Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
(_____)_____	_____	_____	(_____)_____	_____	_____
<hr/> <i>Phone</i>			<hr/> <i>Phone</i>		
_____ % <i>or</i> \$_____			_____ % <i>or</i> \$_____ %		
<i>of Gift Fund Acct. or Dollar Amount</i>			<i>% of Gift Fund Acct. or Dollar Amount</i>		

*Section 7: Agreement/Signature.* By signing this form, I request that TCGF (the “Fund”) open a charitable gift account as indicated above, which will constitute a donor advised account of the Fund. I understand that any contribution, when accepted, represents an **irrevocable** contribution to the Fund and is not refundable to me for any reason.

I represent that I have read the Charitable Gift Fund Agreement and agree to be bound by its terms.

I understand that I may: (1) make recommendations for grants to be made from the account; (2) make a recommendation to an investment pool; (3) name successor advisers; and (4) make recommendations that the entire account balance be donated to one or more qualifying charities on the Donors’ death. While the Fund welcomes my recommendations, I understand that the Fund will make final decisions on all grants. I acknowledge I have no basis for challenging any decision the Fund makes with respect to my account.

I understand that grants from the account are to be used by the grantees exclusively to further charitable purposes and cannot be used for the private benefit of donor-advisers. Specifically, I understand that no grants may be used to discharge or satisfy any charitable pledge or obligation that is legally enforceable against me or any other person, or to pay for goods or services received by me or any other person.

If I am making a contribution close to year-end, I understand that the effective date of my contribution for tax purposes could be deemed to occur in the next calendar year. Please contact the Fund if timing of your contribution is of concern to you.

I hereby certify that all information I provided above is accurate. I will promptly provide the Fund with written notice of any changes.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Donor 1 Signature* *Date*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Donor 2 Signature* *Date*

VERIFICATION: _____
DATE OF BIRTH: _____

Tompkins Charitable Gift Fund, Inc.  
PO Box 6639  
Ithaca, NY 14851-6639  
(607) 256-0358  
[www.tompkinscharitablegift.org](http://www.tompkinscharitablegift.org)

*The Tompkins Charitable Gift Fund is a public charity and a donor-advised fund. Tompkins Financial Advisors provides investment management and administrative services to the Gift Fund.*