

# CHARITABLE GIVING PROGRAM – DONOR AGREEMENT

**Before you complete this agreement, please:**

1. Read the Northern Trust Charitable Giving Program Guide.
2. Consider your short- and long-term philanthropic goals.
3. Discuss the features of a donor advised fund with your Northern Trust relationship manager.
4. Consult a tax or legal advisor before contributing assets.

**Please return your signed agreement with any checks, required documents or stock certificates to your Northern Trust relationship manager or to:**  
 The Chicago Community Foundation, c/o The Northern Trust Charitable Giving Program, 50 S. LaSalle Street, Chicago, IL 60603  
 (or Email [donoradvisedfund@ntrs.com](mailto:donoradvisedfund@ntrs.com) or Fax 312-935-5579).

**Required: Fill in all fields below.**

**FUND NAME**

Please create a name for the donor advised fund. You may choose to name the fund after its charitable goals or for your family.

Fund Name

**ADVISOR INFORMATION**

Please identify the type of advisor(s). In addition to naming one or more Donor Advisors, you may appoint an individual as an Additional Advisor, Successor Advisor or both.

An Additional Advisor will have independent authority to recommend grants during your life. A Successor Advisor will have the authority to recommend grants and investments upon the death of the fund's last surviving Donor Advisor.

**ADVISOR ONE**

Donor Advisor     Additional Advisor     Successor Advisor

First Name                      Middle Initial                      Last Name

Date of Birth (MM/DD/YYYY)

Address

City                                      State                      Zip

Home Phone (000-000-0000)                      Private Passport User ID

E-mail                                      Cell Phone (000-000-0000)

**ADVISOR TWO**

Donor Advisor     Additional Advisor     Successor Advisor

First Name                      Middle Initial                      Last Name

Date of Birth (MM/DD/YYYY)

Address

City                                      State                      Zip

Home Phone (000-000-0000)                      Private Passport User ID

E-mail                                      Cell Phone (000-000-0000)

**ADVISOR THREE**

Donor Advisor     Additional Advisor     Successor Advisor

First Name                      Middle Initial                      Last Name

Date of Birth (MM/DD/YYYY)

Address

City                                      State                      Zip

Home Phone (000-000-0000)                      Private Passport User ID

E-mail                                      Cell Phone (000-000-0000)

*If necessary, continue adding additional advisors in the addendum at the end of the form*

**POST-DEATH CHARITABLE BENEFICIARIES**

You may recommend that the fund continue after your death, in whole or in part, or you may recommend that the fund be distributed to a Qualified Charity, in whole or in part.

\_\_\_\_\_ % **Part 1:** Designate what percentage of the fund you would like to continue with the Northern Trust Charitable Giving Program. The person(s) whom you designate as Successor Advisor(s) can recommend grants from this portion. If less than 100%, skip to Part 2.

If you have designated more than one Successor Advisor, select a box below:

- Split Fund.** The Program will split the fund pro rata into separate funds, each having its own Successor Advisor.
- Shared Fund.** Each Successor Advisor will be able to recommend grants and investments separately or with other Successor Advisors.

After the death of all Successor Advisors, the fund balance will be distributed taking into consideration your default recommendation.

\_\_\_\_\_ % **Part 2:** Designate what percentage of the fund you recommend be distributed to charity or area of interest at your death.

Total 100% (Two lines above must add up to 100%)

Please indicate if you would like either the balance of the fund to be granted to one or more Qualified Charities. Check one:

- Grant balance to Charitable Beneficiary(ies)

\_\_\_\_\_  
Name of Charitable Beneficiary and Percentage:

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Organization's Tax ID Number

\_\_\_\_\_  
Additional Charitable Beneficiary and Percentage

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Charitable Beneficiary's Tax ID (EIN)

*If necessary, continue adding additional charitable beneficiaries in the addendum at the end of the form.*

**OR**

- Grant balance to Area(s) of Interest:

\_\_\_\_\_  
*Name of Charitable Beneficiary or Area(s) of Interest (e.g., Children's Hospitals, cancer research, education in Illinois, historic preservation in Michigan)*

**INITIAL DONATION**

Please use the **Transfer Instructions appendix** to describe the type of asset(s) you are contributing and the asset's location.

**The minimum initial donation is \$50,000.** Each block of securities (e.g., 5,000 shares of XYZ company) including those held in other charitable accounts, must have an aggregate estimated fair market value of at least \$5,000. Please review the Program Guide for information on the types of assets that can be donated. You may also contact your Northern Trust relationship manager for assistance.

**ASSET ALLOCATION**

Please recommend an investment allocation: (choose one below).

- Maximum Growth Pool
- Growth with Moderate Income Pool
- Growth with Income Pool
- Income with Moderate Growth Pool
- Income Pool
- Money Market Pool

**Note:** Unless you indicate otherwise, your donation will be invested entirely in the Money Market Pool.

**TERMS - ACKNOWLEDGEMENTS**

I/We acknowledge as follows:

I/We understand that the Northern Trust Charitable Giving Program (the Program) is operated in conjunction with The Chicago Community Foundation (CCF), a 501(c)(3) public charity.

I/We have read the Northern Trust Charitable Giving Program Guide and agree to the terms and/or conditions contained therein including, without limitation, those relating to the Program’s Privacy and Client Identification Requirements.

I/We understand that any contributions to CCF through the Northern Trust Charitable Giving Program are irrevocable.

I/We agree that grants recommended pursuant to this Agreement may be made only to one or more Qualified Charities (as defined by the Program Guide) organized and operating anywhere within the United States.

I/We understand that any recommendations I/we make are subject to the approval of CCF. I hereby acknowledge that (i) CCF has exclusive legal control over the assets contributed and (ii) I have not received any goods or services in return for my contribution.

CCF shall not retain in the Fund any “excess business holdings” as defined in Section 4943 of the Code. Neither CCF, Donor nor any Advisor shall engage in any “excess benefit transaction,” as defined in Section 4958(c) of the Internal Revenue Code, with respect to the Fund.

I/We certify that, to the best of my/our knowledge, all information enclosed is accurate and I/we will notify the Northern Trust Charitable Giving Program in writing of any changes.

I/We understand that the Program’s Investment Pools and donor advised funds are not insured by the FDIC or any government agency, are not deposits or other obligations of, or guaranteed by, any bank, and are subject to investment risk, including the possible loss of the principal amount donated.

I authorize my Northern Trust relationship management team to enter grant recommendations from my fund on my behalf. I understand that in order to process any grant recommendations, Northern Trust must first receive written direction from a donor advisor with specific details regarding each grant requested.

Yes

No

**SIGNATURE REQUIRED FROM AT LEAST ONE DONOR ADVISOR**

\_\_\_\_\_  
Donor Advisor One Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor Advisor Two Signature

\_\_\_\_\_  
Date

**Please use additional sheets as needed**

**NORTHERN TRUST RELATIONSHIP MANAGER INFORMATION**

\_\_\_\_\_  
Northern Trust Relationship Manager's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Northern Trust Relationship Manager's Signature

\_\_\_\_\_  
Date

Relationship Manager Use Only:

IMA

NT Partner

Restricted Fund

**APPENDIX: TRANSFER INSTRUCTIONS**

**Contribution Location**

Held in an account at Northern Trust

\_\_\_\_\_  
*Account Number*                      *Account Name*

Held outside Northern Trust

\_\_\_\_\_  
*Firm Name*

\_\_\_\_\_  
*Account Number*                      *Account Name*

Transfer from a donor advised fund or another 501(c)(3) organization

\_\_\_\_\_  
*Name of Organization*

Third-party contributor name (if the gift is not coming from a primary donor, advisor or a trust):

\_\_\_\_\_  
*Contributor address*

\_\_\_\_\_  
*Contributor phone number*                      *Contributor DOB*

Is this gift coming from a trust?

Yes                       No

If yes, please provide the following required information:

\_\_\_\_\_  
*Full name of trust*                                      *Date of establishment*

\_\_\_\_\_  
*Trustees*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*Phone number*

Check one:

Revocable                       Irrevocable

**Gift Information**

Cash \$ \_\_\_\_\_  Wire                       Check (Payable to The Chicago Community Foundation)

TYPE	FORM	NAME OR DESCRIPTION	SHARES / PER VALUE	APPROXIMATE VALUE	SYMBOL
<input type="checkbox"/> Publicly Traded Stock	<input type="checkbox"/> Not in certificate form				
<input type="checkbox"/> Publicly Traded Bonds	<input type="checkbox"/> In certificate form (other than restricted)				
<input type="checkbox"/> Mutual Fund Shares	<input type="checkbox"/> Restricted				
<input type="checkbox"/> Publicly Traded Stock	<input type="checkbox"/> Not in certificate form				
<input type="checkbox"/> Publicly Traded Bonds	<input type="checkbox"/> In certificate form (other than restricted)				
<input type="checkbox"/> Mutual Fund Shares	<input type="checkbox"/> Restricted				
<input type="checkbox"/> Publicly Traded Stock	<input type="checkbox"/> Not in certificate form				
<input type="checkbox"/> Publicly Traded Bonds	<input type="checkbox"/> In certificate form (other than restricted)				
<input type="checkbox"/> Mutual Fund Shares	<input type="checkbox"/> Restricted				

**Authorization and Signature Guarantees**

Please accept this as my authorization to transfer the listed assets from my account at the listed firm to the Northern Trust Charitable Giving Program at The Chicago Community Foundation. *(Note: This transaction is a transfer-in-kind. Securities are not to be liquidated prior to their transfer.)*

\_\_\_\_\_  
*Donor Advisor One Signature*                                      *Date*

\_\_\_\_\_  
*Advisor Two Signature*                                      *Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Print Name*

# Addendum - Additional Advisors and Charitable Beneficiaries

### ADVISOR FOUR

Donor Advisor     Additional Advisor     Successor Advisor

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Home Phone (000-000-0000)                      Private Passport User ID

\_\_\_\_\_  
E-mail                                      Cell Phone (000-000-0000)

### ADVISOR FIVE

Donor Advisor     Additional Advisor     Successor Advisor

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Home Phone (000-000-0000)                      Private Passport User ID

\_\_\_\_\_  
E-mail                                      Cell Phone (000-000-0000)

### ADVISOR SIX

Donor Advisor     Additional Advisor     Successor Advisor

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Home Phone (000-000-0000)                      Private Passport User ID

\_\_\_\_\_  
E-mail                                      Cell Phone (000-000-0000)

### ADVISOR SEVEN

Donor Advisor     Additional Advisor     Successor Advisor

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Home Phone (000-000-0000)                      Private Passport User ID

\_\_\_\_\_  
E-mail                                      Cell Phone (000-000-0000)

Please list additional Charitable Beneficiaries as needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_