

Fund Application

Please complete this form to establish a donor-advised fund with ProvisionBridge. If you need assistance, call **706.754.6884** or email **info@ProvisionBridge.org**. Details regarding the program can be found in the ProvisionBridge Program Guide at **www.provisionbridge.org/programguide**.

Donor Contact Information

_____	_____	
First Name, MI, Last Name	SS# or EIN	
_____	_____	_____
Street Address	City/State	Zip
_____	_____	
Email	Primary Telephone #	

Fund Name

You may choose a name for your fund and this name will appear on all correspondence including grant checks from your fund (unless you ask to remain anonymous). For example, you may name the fund for yourself, for your family, in memory of someone, or for a particular cause.

Name of Fund

Preference: _____ Secular (non-religious affiliation) or _____ Non-Secular (religious affiliation)

Primary Advisor (If different from the donor info above)

_____	_____	
First Name, MI, Last Name	SS# or EIN	
_____	_____	_____
Street Address	City/State	Zip
_____	_____	
Email	Primary Telephone #	

Additional Advisor

Does this advisor need to obtain approval from the Primary Advisor? (circle one) Yes No

_____	_____	_____
First Name, MI, Last Name	Relation to donor	SS# or EIN
_____	_____	_____
Street Address	City/State	Zip
_____	_____	
Email	Primary Telephone #	

Succession Plan

You may name individuals as Successor Advisors to succeed you in advising on the Fund after the death of the Primary and Joint Advisors OR you may elect to name specific charities as the Charitable Beneficiaries of the Fund.

Charitable Beneficiaries

(if aggregate percentages to be distributed do not equal 100, then remainder will be treated under the later succession items):

Charity Name and Identifying Information

Organization Name	EIN	_____ %
Street Address	City/State	Zip
Web Address	Phone	% to be distributed upon incapacity of all advisors

Organization Name	EIN	_____ %
Street Address	City/State	Zip
Web Address	Phone	% to be distributed upon incapacity of all advisors

Successor Advisors

Successor Advisor and Identifying Information

First Name, MI, Last Name	SS# or EIN	_____ %
Street Address	City/State	Zip
Email	Primary Telephone	% of Fund value to become separate ProvisionBridge Fund advised by successor advisor upon incapacity of all advisors

First Name, MI, Last Name	SS# or EIN	_____ %
Street Address	City/State	Zip
Email	Primary Telephone	% of Fund value to become separate ProvisionBridge Fund advised by successor advisor upon incapacity of all advisors

Any amounts not allocated will be distributed to the **ProvisionBridge** Operating Fund upon the incapacity of all advisors.

Investment Allocation

ProvisionBridge accounts are invested in money market accounts to provide stability of account value. If you have specific recommendations for investments, please call **706.754.6884** to discuss.

Initial Contribution (at least \$5,000)

Please identify the amount of your initial contribution:

\$ _____ Check Enclosed (Make checks payable to: **ProvisionBridge**)

Credit Card * Money by Wire Transfer Stock Contribution * Non-Cash Contribution *

(*call **706.754.6884** for instructions)

Signatures

I agree to all the terms and conditions included in this application and the Provision Bridge Program Guide. In addition, I am asking **ProvisionBridge** to consider and accept my initial irrevocable contribution to the Fund without material restriction or condition. I understand and agree that my role as an advisor is to provide grant recommendations, and that the Internal Revenue Code requires that **ProvisionBridge** must maintain the ultimate ownership and control over all assets contributed to a donor-advised fund at **ProvisionBridge**, and any income and growth from such Funds over time. I also understand that **ProvisionBridge** must maintain unfettered discretion regarding whether to approve my recommendations for distributions from the Fund.

I understand that no donor-advised fund agreement is formed between me and **ProvisionBridge** unless and until a representative of **ProvisionBridge** signs below and delivers the signed application to me.

Primary Advisor Signature (required)

Date

Additional Advisor Signature (if any)

Date

ProvisionBridge Representative Signature

Date

ProvisionBridge, a Georgia nonprofit corporation

By: _____

Title: _____

Printed: _____

PB Account #: _____

Date: _____

