

## Fund Application

Please complete this form to establish a donor-advised fund with ProvisionBridge. If you need assistance, please call **706.754.6884** or **770.702.0083** or email [mary@ProvisionBridge.org](mailto:mary@ProvisionBridge.org). Details regarding the program can be found in the ProvisionBridge Program Guide at [www.provisionbridge.org/programguide](http://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

\_\_\_\_\_  
 Fund Number

\*Preference (optional):

\_\_\_\_\_ 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

2

Does this person need to obtain approval from the Primary Advisor? (Circle one) YES NO

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

## Succession Plan

You may name individuals (must be 18 years of age or more) 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	% to be distributed upon incapacity of all advisors
_____	_____	_____
Street Address	City/State	Zip
_____	_____	
Web address/Email	Primary Telephone #	

_____	_____	_____ %
Organization Name	EIN	% to be distributed upon incapacity of all advisors
_____	_____	_____
Street Address	City/State	Zip
_____	_____	
Web address/ Email	Primary Telephone #	

_____	_____	_____ %
Organization Name	EIN	% to be distributed upon incapacity of all advisors
_____	_____	_____
Street Address	City/State	Zip
_____	_____	
Web address/Email	Primary Telephone #	

Successor Advisor and Identifying Information

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

_____	_____	_____ %
First Name, MI, Last Name	SS# or EIN	% of Fund value to become separate ProvisionBridge Fund
_____	_____	_____
Street Address	City/State	Zip
_____	_____	_____
Email	Primary Telephone #	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.

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

Initial Contribution (at least \$5000)

Please identify the amount of your initial contribution:

\$ _____	<input type="checkbox"/> Check Enclosed (Make checks payable to: ProvisionBridge)
<input type="checkbox"/> Credit Card*	<input type="checkbox"/> Money by Wire Transfer
<input type="checkbox"/> Stock Contribution*	<input type="checkbox"/> Non-Cash Contribution*
(*Call 706.754.6884 for instructions)	

## Signatures

4

I agree to all the terms and conditions included in this application and the **ProvisionBridge** 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: \_\_\_\_\_

ProvisionBridge is pleased to offer Donor View which allows 24/7 online access to the fund information via our website. Please list names and contact information for anyone with access permission. Normally this list includes the donor, and up to two additional advisors (optional). \*Please note that without written permission from the donor, we will *not* give access to the fund information.

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

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

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

***Thank you for choosing ProvisionBridge.***