



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. 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	Fund Number (generated upon establishment)

*Did someone refer you to ProvisionBridge? _____

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 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 #	

Portal View

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ProvisionBridge is pleased to offer Portal 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. You may also permit 'view only' status if desired, please note in the name section.

NAME	ADDRESS	PHONE	EMAIL

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 #	

Successor Advisor and Identifying Information

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

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

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
_____	_____	advised by successor advisor upon incapacity of all advisors
Street Address	City/State Zip	
_____	_____	
Email	Primary Telephone #	

Initial Contribution (at least \$5000)

Please identify the amount of your initial contribution:

\$ _____	<input type="checkbox"/> <i>Check Enclosed</i> (Make checks payable to: ProvisionBridge)
<input type="checkbox"/> *Stock Contribution	<input type="checkbox"/> *Non-cash Contribution
<input type="checkbox"/> Wire	<input type="checkbox"/> Credit Card Contribution <input type="checkbox"/> *Money by
(*Please call 706-754-6884 for instructions)	

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: _____

Thank you for choosing ProvisionBridge.