

Donor Advised Fund Donor Contribution Agreement



Proposed Fund Name: _____

Establishing Entity:

Organization Name: _____

Person/Advisor authorized to act on behalf of the organization: Name: _____ Title: _____

A copy of the entity's corporate resolution is required.

Address: _____

Is your organization publicly traded? Yes, ticker: _____ No

Taxpayer ID (EIN): _____

Date of trust/incorporation/organization: _____

Type of trust/business: _____

Does your organization receive signification revenue from governmental contracts/licenses? Yes No

Advisor Information*:

If same as donor(s), check here:

Advisor Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Email Address _____

Date of Birth _____

Social Security # _____

Driver's License # _____

Driver's License State _____

Occupation _____

Advisor Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Email Address _____

Date of Birth _____

Social Security # _____

Driver's License # _____

Driver's License State _____

Occupation _____

*To appoint additional Advisors, please separately attach the required information for each person.

Are the Advisors required to act independently or jointly with the other Advisors with respect to grant recommendations?

Independently Jointly

If the Advisors can act independently, the Comerica Charitable Trust will process grant recommendations in the order in which they were received.

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Recommended Charitable Remainder Beneficiary:*

Organization Name _____
Address _____
City _____ State _____ Zip Code _____
Percentage of Fund to Receive: _____
EIN (if known) _____

Organization Name _____
Address _____
City _____ State _____ Zip Code _____
Percentage of Fund to Receive: _____
EIN (if known) _____

* Payment may be made to these organizations when the Donor Advised Fund becomes a Dormant Account as described in the *Donor Advised Fund Circular*. To add additional organizations, please separately attach the required information for each organization.

Initial Contribution Information:

Anticipated amount of initial contribution: \$ _____

Will this contribution be cash? Yes No

If not cash, please describe the asset(s) intended to be contributed: _____

Please describe the source of the funds for the initial contribution: _____

Acceptance of Terms

By signing this form I on behalf of the Donor authorize the Comerica Charitable Trust, a public charity recognized under Section 501(c)(3) of the Internal Revenue Code, to establish a Donor Advised Fund. I have received the *Donor Advised Fund Circular*, and I understand that I am responsible for reading it. I represent and warrant to the Comerica Charitable Trust that all of the following are true: (1) the Donor agrees to, and will be, legally bound to the *Donor Advised Fund Circular's* terms and conditions, as currently in effect and as amended from time to time, and the terms and conditions set forth in all related forms; (2) the Donor understands that any contributions the Donor makes to the Comerica Charitable Trust are irrevocable contributions that are not refundable to the Donor for any reason; (3) the Donor understands that once the contributions have been accepted, they are the property of the Comerica Charitable Trust; (4) the Donor is aware that any recommendations the Donor suggests regarding grant distributions and investment selections are subject to approval by the Comerica Charitable Trust; (5) the Donor understands that no grants may be made to private non-operating foundations, to satisfy a pledge, for any private benefit (dues, benefit tickets, etc.), or to support any political campaign activities; (6) the Donor understands that the Comerica Charitable Trust remains the final authority to determine the amount and recipient of any grant; and (7) the Donor understands that the Comerica Charitable Trust will charge charitable administration and investment management fees in accordance with its standard procedures. To the best of my knowledge, all information enclosed is accurate, and I will immediately notify the Comerica Charitable Trust if any changes occur. My signature below constitutes my agreement and acceptance, and the Donor's agreement and acceptance, of all terms, conditions and features selected in all parts of this application, and in all related forms.

Donor

by

Its

Date

_____ a