

Donor Advised Fund Donor Contribution Agreement



Proposed Fund Name: _____

Donor Information:

Name

Address

City State Zip Code

Telephone

Email Address

Date of Birth

Social Security #

Driver's License #

Driver's License State

Occupation

Name

Address

City State Zip Code

Telephone

Email Address

Date of Birth

Social Security #

Driver's License #

Driver's License State

Occupation

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.

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If more than one Advisor has been appointed, 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.

Successor Advisor Information*:

Advisor Name

Address

City State Zip Code

Telephone

Email Address

Date of Birth

Social Security #

Driver's License #

Driver's License State

Occupation

Relationship to Donor

Advisor Name

Address

City State Zip Code

Telephone

Email Address

Date of Birth

Social Security #

Driver's License #

Driver's License State

Occupation

Relationship to Donor

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

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.

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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 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 agree to 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. I understand that any contributions I make to the Comerica Charitable Trust are irrevocable contributions that are not refundable to me for any reason. Once the contributions have been accepted, they are the property of the Comerica Charitable Trust. I am aware that any recommendations I suggest regarding grant distributions and investment selections are subject to approval by the Comerica Charitable Trust. I understand 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. I also understand that the Comerica Charitable Trust remains the final authority to determine the amount and recipient of any grant. I understand 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 of all terms, conditions and features selected in all parts of this application, and in all related forms.

Donor Signature

Date

Donor Signature

Date