



GUIDESTREAM
CHARITABLE
GIFT FUND

DONOR APPLICATION FORM

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Date(s) of Birth _____

Social Security or Tax ID Number(s) _____

Name of Account (Fund) _____

(e.g. The John and Mary Davis Family Foundation)

Amount of Gift \$ _____

Type of Fund Donor Advised Specific Purpose Permanent Endowment

If cash: Make check payable to ***GuideStream Charitable Gift Fund.***

If non-cash: Description of asset (e.g. stocks, bonds, real estate) _____

Cost basis of asset: \$ _____

Approximate market value: \$ _____

Date asset was acquired: _____

Location of asset: _____

(e.g., stock certificate located at broker's office)

Ownership of asset: Joint Community Property Separate

(If joint or community property, **both donors need to sign on page 2.**)

Investment of Assets Held in this Account

GuideStream Charitable Gift Fund is responsible for investment of all donated assets. In order to assist GuideStream toward proper asset allocation, please provide the following information relative to the Fund you are establishing.

- Time horizon for account (i.e., number of months, years, or perpetuity): _____
- Planned addition(s) to fund? (Yes/No) _____ If yes, how often? _____
- Expected frequency and dollar amount(s) of grant recommendations, if known (also complete grant recommendation form(s)): _____

I acknowledge that I have read the GuideStream Charitable Gift Fund Program Description and agree to its terms and/or conditions described therein. I understand that the GuideStream Charitable Gift Fund Program Description incorporates all terms and/or conditions of the GuideStream Charitable Gift Fund, which is available for me to read at the GuideStream Charitable Gift Fund offices in Spring Arbor, Michigan. I agree to the provisions of the Program Description. I understand that any contribution, once accepted by GuideStream, represents an irrevocable contribution to the GuideStream Charitable Gift Fund and is not refundable to me. I hereby certify that, to the best of my knowledge, all information presented in connection with this application is accurate, and I will promptly notify the GuideStream Charitable Gift Fund in writing of any changes. (Please attach any additional donor signatures.)

Donor 1 Signature _____ Date _____

Donor 2 Signature _____ Date _____

For required customer identification, please complete the following:

Donor 1 Identification type: _____ Issuer: _____

Identification #: _____ Exp. Date: _____

Donor 2 Identification type: _____ Issuer: _____

Identification #: _____ Exp. Date: _____

Additional Comments: _____

Referral

How did you learn about GuideStream Charitable Gift Fund?

Are you currently a GuideStream Financial customer? Yes No

Accepted by: _____ Date _____
President/CEO or Chairman, GuideStream Charitable Gift Fund

This area for internal use Only:		
RVP Initials: _____	Account Type: _____	Critical Date: _____
Performance Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Rate Tier: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Review Month: _____
Discretion: <input type="checkbox"/> Full <input type="checkbox"/> None	Invmt. Objective: _____	PRS Code: _____
Portfolio Management Fee: _____%	Schedule #: _____	
Comments: _____		

8050 Spring Arbor Road ♦ PO Box 580 ♦ Spring Arbor, Michigan 49283
(800) 325-8975 ♦ (517) 750-2727 ♦ fax: (517) 750-2752