

Advised Fund Contribution Form

Name(s) _____

Address _____
Street City State Zip

Telephone _____
Work Home

1. I/We give the sum of \$ _____ and/or the following described property
_____ (description of assets given)
to Community Foundation of North Central Massachusetts (the "Foundation"); with the request, subject to the Articles of Organization and By-Laws of the Foundation, as they currently exist or may hereafter be amended, that the funds or property thus transferred be used to establish or add an Advised Fund (funds \$10,000 or greater only), to be known as the _____
_____ Fund (name of fund).

2. Grant recommendations may be made from time to time, for the Foundation's approval, by
_____ (donor or other advisors named by the donor).

3. The investment objective requested is: (Please initial one of the following)

_____ **Short Term Fund (Less than 3 years)** – The primary investment objective of this Fund is stability of principal. This fund is appropriate for non-endowed funds or other situations where funds can be withdrawn with little or no advance notice, and/or in situations where only minimal fluctuations to principal can be tolerated. Agencies and donors with time horizons under three years should consider this strategy.

_____ **Medium Term Fund (3-5 Years)** – The primary investment objective of this Fund is to provide payouts with moderate year to year volatility. This Fund may experience some reduction of purchasing power over time due to inflation. This fund is appropriate for endowed funds that require minimal, or no, nominal growth (before inflation) after payouts, or non endowed funds that have a time horizon that is between three and five years. This fund will most likely experience moderate fluctuations to principal.

_____ **Long Term Fund (5+ Years)** – The primary investment objective of this Fund is preservation of purchasing power to provide a relatively stable, inflation adjusted, annual payout to support grant-making or other donor missions. This Fund is appropriate for endowed funds or

non-endowed funds with time horizons beyond five years. There will be some inevitable volatility in principal value from this strategy but it may offer the potential for a sustainable payout plus inflation protection, understanding that this may result in a less stable payout from year to year.

4. Distributions will be made from the Fund in accordance with the Foundation's spending rule as stated in the Investment, Distribution & Fee Guidelines, which may be modified by the Board of Trustees from time to time. *(Please initial one of the following)*

_____ Distributions to be made from income only, in accordance with the Foundation's spending rule as in effect.

_____ Distributions to be made from income and principal (the entire fund may be used for charitable purposes).

Note that all distributions are subject to the variance power contained in Article II (1) of the Articles of Organization of the Foundation.

5. I/We hereby acknowledge that I/we have been offered copies of and have reviewed the following documents:

- a. The Foundation's Investment, Distribution and Fee Guidelines *(initial)* _____
- b. The Foundation's Articles of Organization *(initial)* _____
- c. The Foundation's By-Laws. *(initial)* _____

6. Administrative charges will be assessed on an annual basis as per the Foundation Guidelines.

7. Timeframe of the Fund - (Check One) On-Going _____ Years
of Yrs.

8. I/We hereby authorize the Foundation to utilize the income produced by the fund to offset operation expenses. *(initial)* _____

9. The gift or property described above will be transferred to the Foundation using the following method: *(Please initial one of the following)*

_____ Check	_____ Securities-Gift Account Transfer
_____ Securities-Certificates Transfer	_____ Other _____
_____ Securities-Electronic Transfer	_____

(Please contact the Community Foundation for instructions on securities transfers)

10. I/We understand that, upon the death of the advisors and successor advisors named (if any), the assets of the fund created by this document will be added to the Foundation's General Fund.

(initial) _____

For the donor (s):

**For Community Foundation of
North Central Massachusetts:**

Signature Date

Signature Date

Signature Date

Title

DONOR RECOGNITION:

- _____ Please publish my fund name in your publication(s) as it appears at top of Page 1.
- _____ Please do not publish my name in your publication(s).
- _____ Please do not publish my name in your publication(s), however, you may use my name to invite others to join the Community Foundation of North Central Massachusetts.