

## INDIVIDUAL/FAMILY FJC FUND PROGRAM OPTIONS

These optional features may be requested when a Fund is established or at any later time.

Fund Name:		Account No:	
		ors and Recommenders, including the ability of Donors to limit or expand the of your Fund, please consult the Summary of Procedures and Rules for Donor Advised Funds.	
<b>DESIGNATION OF ADDITIONAL RE</b> Up to four persons (including the Donors) may all serve, regardless of their number	) may serve as recomme	enders for the Fund at any one time, except that the Donor's spouse and childre	
Additional Recommender*			
Name		Daytime Telephone	
Address		E-mail	
City/State	Zip	Fax	
Relationship to Donor		_	
Additional Recommender's Signature		_ Receive Fund Statements: ☐ yes ☐ no Receipt Option: ☐ Paper ☐ E-mail	
Additional Recommender*			
Name		Daytime Telephone	
Address		E-mail	
City/State	Zip	Fax	
Relationship to Donor		_	
Additional Recommender's Signature		_ Receive Fund Statements:  yes no Receipt Option: Paper E-mai	

**IMPORTANT:** In order for FJC to accept grant and investment recommendations from a Recommender, we must have that Recommender's contact information and signature on file.

## **DESIGNATION OF SUCCESSOR RECOMMENDERS**

These individuals are authorized to make recommendations of investments of, and distributions from, the Fund after the death or disability of the Donors and the death, disability, termination or resignation of all the Additional Recommenders.

Successor Recommender		·
Name		Daytime Telephone
Address		E-mail
City/State Zip		Fax
Relationship to Donor		
This Recommender may replace any Donor or Recommender:  Please Initial:	<u>OR</u>	This Recommender may replace the following Donor or Recommender:  Print Name:  Please Initial:
Successor Recommender		- Todoo IIIIIIdii
Name		Daytime Telephone
Address		E-mail
City/State Zip		Fax
Relationship to Donor		_
This Recommender may replace any Donor or Recommender:  Please Initial:	<u>OR</u>	This Recommender may replace the following Donor or Recommender:  Print Name:
. 10000		Please Initial:
Successor Recommender		
Name		Daytime Telephone
Address		E-mail
City/State Zip		Fax
Relationship to Donor		
This Recommender may replace any Donor or Recommender:	<u>OR</u>	This Recommender may replace the following Donor or Recommender:
Please Initial:		Print Name:
		Please Initial:

## FINAL DISTRIBUTION OF FUNDS

	e as there are n reated as follow	no surviving Donors or Recommenders, I/we recommend that any amounts remaining in my/our Fulvs:
%	of the remaining Fund in the na	g balance be placed in the General Endowment Fund of FJC to create a Memorial me of:
%		ng balance be maintained at FJC and the income from the Fund be contributed e percentages shown, to the following charities:
	%	Charity Name and Address
%		
		ng balance be contributed, in the percentages shown, to the following charities:
	%	Charity Name and Address
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