

# Investment Advisor Program (IAP) Agreement

**RAYMOND JAMES Charitable**

**RJ Charitable  
Service Center**  
*eSign / Scan / Fax*

**0 2 7 8 4**

Form #

FA #

Branch #

Speed Dial #

## Account Information

Account Title

Account Number *(leave blank if new account)*

## Nominated Financial Advisor (FA) Information

FA Name

FA #

Branch #

FA Phone Number

FA Email

## Fees

The Investment Advisor Program (IAP) incurs the IAP Administration fee and the Investment Management fee.

The Administration fee is determined by the following schedule:

<b>0.55%</b> on the first \$500,000	<b>0.20%</b> on the next \$1.5M
<b>0.40%</b> on the next \$500,000	<b>0.15%</b> over \$2.5M

If the market value of the account falls below \$500,000, the minimum annual fee is \$2,750 or \$229.17 per month.

The Investment Management fee may be as high as 1.00% and is based in part on the amount Raymond James Charitable pays for the investment services provided by your FA. Please refer to the Donor Advised Fund Disclosure Brochure for more information on fees.

The Investment Management fee is for this donor account is: \_\_\_\_\_ %

*Depending on the investment approach determined by the nominated FA, additional expenses may apply (i.e., mutual fund expense ratios, ETF fees, separately managed account fees, etc.) that will be charged to your account.*

Investment allocation target *(please select one objective)*:  Income (0-20% equity)  Income Primary (21-40% equity)  
 Balanced (41-60% equity)  Growth Primary (61-80% equity)  Growth (81-100% equity)

Amount to be held aside in money market *(apart from the investments)* for the next nine to 12 months of grant activity: \$ \_\_\_\_\_

## Donor Advisor Signatures

By signing below, I acknowledge that I have read the current Raymond James Charitable Donor Advised Fund Disclosure Brochure and this Investment Advisor Program (IAP) Agreement and agree to the terms and conditions described therein, and agree to the fee arrangement described above.

Donor Signature	Donor Print Name	Date
Joint Donor Signature <i>(if applicable)</i>	Joint Donor Print Name <i>(if applicable)</i>	Date

## To Be Completed By Financial Advisor

By signing below, acknowledge that you have read the current Raymond James Charitable Donor Advised Fund Disclosure Brochure, the Investment Advisor Program (IAP) Guidelines and this Investment Advisor Program (IAP) Agreement and agree to the terms and conditions described therein, and agree to the fee arrangement described above.

Are you the donor/donor advisor or a family member of the donor/donor advisor?  Yes  No  
 Are you the successor donor advisor or a family member of the successor donor advisor?  Yes  No

*For the purposes of this program, a family member is defined as a spouse, ancestor, child, grandchild, great grandchild; spouses of a child, grandchild, and great grandchild; brothers and sisters (of whole or half-blood) and brothers' and sisters' spouses.*

Financial Advisor Signature	Date
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Please contact [RJCHARITABLE@RAYMONDJAMES.COM](mailto:RJCHARITABLE@RAYMONDJAMES.COM) or 866-687-3863 or ext. 77221 with any questions.