Planned Gift Donor Account Application

RJ Charitable

RAYMOND JAMES Charitable

Service Center

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02786	
Form #	FA #
Branch #	Speed Dial #

HOW TO NAME RAYMOND JAMES CHARITABLE AS BENEFICIARY- Individuals have the opportunity to name Raymond James Charitable as beneficiary of their will, trust, IRA, annuity contract or life insurance policy. By doing so, they can create a "planned gift" that will be distributed to Raymond James Charitable after their death.

WITH THIS TYPE OF AN AGREEMENT, ONCE THE ACCOUNT IS FUNDED THE CLIENT CAN:

- Designate donor advisors who will make grant and investment recommendations
- Request that periodic grants be made to a specific, eligible charity
- Request that periodic grants be made to eligible charities in one or more areas of charitable interest

TO SET UP THIS TYPE OF ARRANGEMENT:

- The client should complete and submit this application
- In a will or trust, the attorney needs to use the legal name "Raymond James Charitable Endowment Fund" as the name of the beneficiary.
- The attorney can also include "for the benefit of the..." and mention the intended account name (i.e., the Smith Family Foundation).
- In the case of an IRA, annuity contract or life insurance policy, most beneficiary designation forms require the tax ID number of the beneficiary. The tax ID of Raymond James Charitable is 59-3652538.
- Please provide a copy of the beneficiary designation form and/or the portion of the document referencing Raymond James
 Charitable to complete our records.

Please contact <u>RJCHARITABLE@RAYMONDJAMES.COM</u> or 866-687-3863 or ext 77221 with any questions.

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DONOR INFORMATION		FA#
Donor's name	Donor email address	
Street address	Date of birth	
City, state and zip	Daytime phone number	
JOINT DONOR INFORMATION		
Donor's name	Donor email address	
Street address	Date of birth	
City, state and zip	Daytime phone number	
HOW DO YOU LIKE TO BE ADDRESSED IN CORJane Smith"?)	RRESPONDENCE? (For example, do you prefer "N	\emph{M} r. and Mrs. John Smith" or " John and
DONOR'S ACCOUNT TITLE- You may select any reatitle. (For example, "John Smith Memorial Fund.") Your acco		•
contributions can come from (but are not limited to) a will, beneficiary of an IRA account, beneficiary of an annuity cont		eneficiary of a charitable remainder trust
TO BE COMPLETED BY FINANCIAL ADVISOR Please include all advisor names if this is a split rep.	FA # to be associated with this accou	int:
Name of donor's financial advisor	Phone # for multi factor authentication	Branch number
Name of donor's financial advisor	Phone # for multi factor authentication	Branch number
Name of donor's financial advisor	Phone # for multi factor authentication	Branch number
Name of donor's financial advisor	Phone # for multi factor authentication	Branch number
Are any of the above financial advisors the donor o O Yes O No	r related* to the donor/joint donor named on tl	his account?
Are any of the above financial advisors the success O Yes O No	for or related* to the successor(s) named on the	his account?

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*The definition of related for the purposes of this application is 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.

FA#		

RECOMMENDED INVESTMENT OF INITIAL CONTRIBUTION - I/We request our contribution be invested as follows:

SELECT ONE

LIBERTY MUTUAL FUND OPTION FOR ACCOUNT BALANCES OF ANY SIZE

- MONEY MARKET OBJECTIVE: Seeks the preservation of capital and the production of income exclusively through investment in a money market fund investing in the highest quality, very short-term debt instruments.
- ▶ O INCOME OBJECTIVE: Seeks income and capital preservation primarily through the use of a mutual fund portfolio consisting of exposure to U.S. government and global corporate bonds.
- ▶ O INCOME WITH GROWTH OBJECTIVE: Seeks income and provides a growth component through the use of a mutual fund portfolio consisting of exposure to U.S. government and global corporate bonds and a modest exposure to diversified common stocks.
- ▶ O BALANCED OBJECTIVE: Seeks to provide a balanced allocation through the use of a mutual fund portfolio providing both growth and income.
- O GROWTH WITH INCOME OBJECTIVE: Seeks long-term growth of capital primarily by investing in a diversified mutual fund portfolio consisting of equity exposure and income through the use of U.S. government and global corporate bonds.
- O GROWTH OBJECTIVE: Seeks long-term growth of capital primarily by investing in a diversified mutual fund portfolio consisting of equity exposure across market capitalization and growth spectrums, including prudent exposure to international markets.
- ▶ ENVIRONMENTAL, SOCIAL & GOVERNANCE (ESG) BALANCED OBJECTIVE: Seeks long-term capital appreciation with strong growth potential through investments with best-in-class environmental, social and governance practices.

INVESTMENT ADVISOR PROGRAM (IAP) OPTION FOR ACCOUNT BALANCES OF \$500,000 OR MORE

O I/WE WANT TO USE THE INVESTMENT ADVISOR PROGRAM (IAP) OPTION. Complete and attach the IAP Agreement. Your financial advisor can provide you with this form.

Note: Successor advisors may recommend changes to the investment option in the future.

ACCOUNT SUCCESSION (This section is optional and may be modified at your request at a later date.)

Accounts may be administered in various ways after the death, resignation or incapacity of the initial donor advisor(s):

- You may name one or more Successor Donor Advisors to your account. The Successor Donor Advisors may be a spouse, relative(s) or other individual(s) who is at least 18 years of age, and may serve jointly or in succession to each other. Note: Joint Successor Donor Advisors may submit grant recommendations independent of each other.
- You may elect to divide the account into separate funds (provided each is funded with a minimum of \$10,000) naming separate advisors to each account.
- As an alternative to naming successor advisors, you may name one or more organizations to support beyond your lifetime

Please select your preference:

A. I/We elect to name one or more organizations or areas of interest to support. **Attach Legacy Giving Recommendation** form(s).

OR

O B. I/We elect to designate one or more Successor Donor Advisors to make recommendations of grants to charities <u>after</u> the account is funded.

If naming more than one advisor, please indicate by checking appropriate box below:

- The Successor Donor Advisors named below will serve at the same time.
 - Maintaining a single account (each may make recommendations independent of other Successor Donor Advisor(s)).
 - Splitting the account into separate portions. (Please indicate in Successor Donor Advisor information below the percentage of each share. Must total 100%.)

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Please provide Successor Donor Advisor information below.

(If necessary, attach additional Successor Donor Advisor information on a separate sheet of paper.)

Successor	Donor A	Advisor 1
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Name		Relationship to Donor, i	Relationship to Donor, if individual		
Date of birth	Daytime phone number				
Street address		City	State	ZIP	
If opting to split the account into separate po	ortions, indicate per	centage of share for Success	sor Donor Advisor 1: _	%	
Successor Donor Advisor 2					
Name		Relationship to Donor, i	Relationship to Donor, if individual		
Date of birth		Daytime phone number			
Street address		City	State	ZIP	
Indicate percentage of share for Successor	Donor Advisor 2:	%			
Successor Donor Advisor 3					
Name		Relationship to Donor, i	Relationship to Donor, if individual		
Date of birth		Daytime phone number			
Street address		City	State	ZIP	
Indicate percentage of share for Successor	Donor Advisor 3:	%			
If naming mare than three augeographs attack	oh additional nagas	If an increasting for augus	aar(a) attaabad:	%	
If naming more than three successors, attac	m additional pages.	ii so, percentage for succes		= 100 %	
SIGNATURES					
I acknowledge that I have received and reto its terms and/or conditions described connection with this application is accurately understand that any contribution, once acrefundable to me.	I therein. I hereby ate and I will notify	certify that to the best of Raymond James Charitable	my knowledge all infolle promptly of any char	rmation presented in nges. IMPORTANT:	
Donor Signature	Date	Joint Donor Signature		Date	

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