

POOLED INCOME FUND DONOR & BENEFICIARY FORM

Name of Pooled Income Fund:

DONOR(S) CONTACT INFORMATION

First Donor

Second Donor

Address

Address

City

St

Zip

City

St

Zip

SSN

DOB

SSN

DOB

E-mail

E-mail

Phone

Phone

INCOME BENEFICIARY(S) CONTACT INFORMATION (IF DIFFERENT FROM DONOR(S))

First Beneficiary

Second Beneficiary

Address

Address

City

St

Zip

City

St

Zip

SSN

DOB

SSN

DOB

E-mail

E-mail

Phone

Phone

Please describe assets being transferred and the approximate value

INCOME BENEFICIARY(S) CONTACT INFORMATION (IF DIFFERENT FROM DONOR(S))

Third Beneficiary

Address

City St Zip

SSN DOB

E-mail

Phone

Fourth Beneficiary

Address

City St Zip

SSN DOB

E-mail

Phone

Notes

INCOME BENEFICIARY(S) CONTACT INFORMATION (IF DIFFERENT FROM DONOR(S))

Fifth Beneficiary

Address

City St Zip

SSN DOB

E-mail

Phone

Sixth Beneficiary

Address

City St Zip

SSN DOB

E-mail

Phone

Notes

INCOME BENEFICIARY(S) PAYMENT DISTRIBUTION INSTRUCTIONS

OPTION 1: CONCURRENT INCOME BENEFICIARIES ONLY

(Income beneficiaries receive a percentage of the income for their joint lives. Upon the death of the first income beneficiary, the surviving beneficiary(s) will receive 100% of the income. Percentages paid to beneficiaries can be different, but the total payment percentage must equal 100%. This option is commonly used for family groups. Example: Only for husband and wife, or only for the children, or only for the grandchildren.)

Income Beneficiary #1 Percentage

Income Beneficiary #2 Percentage

Income Beneficiary #3 Percentage

Income Beneficiary #4 Percentage

Income Beneficiary #5 Percentage

Income Beneficiary #6 Percentage

Notes

OPTION 2: CONCURRENT AND CONSECUTIVE INCOME BENEFICIARIES

(Concurrent income beneficiaries receive a percentage of the income of the income for their joint lives. Upon the death of the first concurrent income beneficiary, the surviving concurrent income beneficiary(s) will receive 100% of the income. Upon the death of the surviving concurrent income beneficiary, the consecutive beneficiaries receive 100% of the income for their lives. The percentages paid to the consecutive income beneficiaries can be different, but the total payment percentage must equal 100%. Upon the death of the first consecutive income beneficiary, his/her percentage will be paid to the surviving beneficiary(s), and so on, until the death of the last surviving consecutive income beneficiary. This option is commonly used for family groups. Example: The parents/grandparents are the concurrent income beneficiaries and the children/grandchildren are the consecutive income beneficiaries.)

Concurrent Income Beneficiary #1	<input type="text"/>	Percentage	<input type="text"/>
Concurrent Income Beneficiary #2	<input type="text"/>	Percentage	<input type="text"/>
Consecutive Income Beneficiary #1	<input type="text"/>	Percentage	<input type="text"/>
Consecutive Income Beneficiary #2	<input type="text"/>	Percentage	<input type="text"/>
Consecutive Income Beneficiary #3	<input type="text"/>	Percentage	<input type="text"/>
Consecutive Income Beneficiary #4	<input type="text"/>	Percentage	<input type="text"/>

Notes

OPTION 3: CONSECUTIVE INCOME BENEFICIARIES ONLY

(Income beneficiary number 1 receives 100% of the income for his/her life. Upon the death of income beneficiary number 1, the income beneficiary number 2 will receive 100% of the income for his/her life. this manner of payment distribution continues in numerical order.)

Income Beneficiary #1 Percentage

Income Beneficiary #2 Percentage

Income Beneficiary #3 Percentage

Income Beneficiary #4 Percentage

Income Beneficiary #5 Percentage

Income Beneficiary #6 Percentage

Notes

POOLED INCOME FUND REMAINDERMAN FORM

DONOR/ADVISOR INFORMATION

First Donor	<input type="text"/>	Second Donor	<input type="text"/>		
Address	<input type="text"/>	Address	<input type="text"/>		
City	<input type="text"/>	St	<input type="text"/>	Zip	<input type="text"/>
E-mail	<input type="text"/>				
Phone	<input type="text"/>	Phone	<input type="text"/>		

FUND NAME

You may name your Donor Advised Fund account; for example, "Smith Charitable DAF"
or "Smith Family DAF, in loving memory of..."

DONOR ADVISED FUND SUCCESSION

The Pooled Income Fund Donor(s) may elect family or non-family persons to be Successor Advisors to their funds. Successor Advisors take over upon the termination of the Donor's Pooled Income Gift Agreement.

- Fund assets to be retained in the fund, and each successor may act independently.
- Fund assets to be retained in the fund, and all successors must act jointly.
- Fund assets to be divided equally to establish separate funds for each successor.
- No Successor Advisor, skip to **DONOR ADVISED FUND DISPOSITION OPTIONS**.

First Successor	<input type="text"/>	Second Successor	<input type="text"/>		
Address	<input type="text"/>	Address	<input type="text"/>		
City	<input type="text"/>	St	<input type="text"/>	Zip	<input type="text"/>
E-mail	<input type="text"/>				
Phone	<input type="text"/>	Phone	<input type="text"/>		

DONOR ADVISED FUND DISPOSITION OPTIONS

The following options are alternatives to the Donor(s) naming a Successor Advisor of the Fund. Upon the termination of the Donor's Pooled Income Fund Gift Agreement, Alliance Community Foundation will enact the selected disposition plan. Please discuss the complicated disposition plans with Alliance Community Foundation to avoid any confusion or potential problems.

I (we) recommend the Donor Advised Fund terminate and the proceeds be granted to the following charitable organizations:

Charity Name
Address
City St Zip
Charity EIN # % of Fund

Charity Name
Address
City St Zip
Charity EIN # % of Fund

Instructions for the Organizations

I (we) recommend the Donor Advised Fund continue with Alliance Community Foundation's Board of Trustees, using its discretion, and awarding grants to worthy charitable organizations in the following field of interest and/or community (please describe)

Interest and/or Community

I (we) recommend the following customized disposition plan for this Donor Advised Fund:

Custom Plan

ELIGIBLE GRANTEES

Distributions from the Fund may be made only to organizations which are then-qualified under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), and which are (a) described in Sections 509(a)(1), 509(a)(2), or 509(a)(3) (other than Type III) of the Code or (b) private operating foundations described in Section 4942(j)(3) of the Code. Notwithstanding the foregoing, in the event the Code, or other applicable law, is amended in the future to disallow or disadvantage donor-advised fund distributions to any such organizations, Alliance Community Foundation may further limit the types of organizations eligible to receive distributions from the fund.

INELIGIBLE GRANTEES

The following shall be ineligible to receive distributions from the Fund: (1) individuals, (2) non-charitable organizations, (3) private foundations described in Section 509(a) of the Code (except for private operating foundations as set forth above), (4) Type III supporting organizations described in Section 509(a)(3) of the Code, and (5) organizations not formed under the laws of the United States or its territories. Further, distributions from the Fund will not be made to pay dues for membership of an individual in an organization, purchase admission to charitable events, or to discharge or satisfy a legally enforceable obligation or personal pledge that has been made by the Donor or any individual or entity. Distributions also will not be made to support or promote political or legislative activities.

Legally, Alliance Community Foundation, in its sole discretion, must have the ultimate decision regarding the identity and eligibility of a charitable institution.

SIGNATURES

I intend that the person identified as the Advisor(s) will periodically recommend grants from the Fund for charitable purposes. I understand Alliance Community Foundation's Board of Trustees, in its sole discretion, is free to accept or reject any recommendations and is empowered to modify the Donor-Advised Fund Program as it deems necessary.

I hereby certify to the best of my knowledge all information presented in connection with this agreement is accurate and I will notify Alliance Community Foundation promptly of any changes.

First Donor <input style="width: 90%;" type="text"/>	Second Donor <input style="width: 90%;" type="text"/>
Date <input style="width: 80%;" type="text"/>	Date <input style="width: 80%;" type="text"/>

Acknowledged and Accepted by Alliance Community Foundation:

Alliance Community Foundation <input style="width: 90%;" type="text"/>	Printed Name <input style="width: 90%;" type="text"/>
Title <input style="width: 90%;" type="text"/>	Date <input style="width: 80%;" type="text"/>