

New Account Opening Form

Instructions:

All individuals that will recommend a grant must sign this form. If applicable, complete and attach the Supplemental Form to Transfer Assets.

Please forward your completed form to:

Jewish Community Foundation Inc.
1301 Springdale Road, Suite 200
Cherry Hill NJ 08003-2761

Primary Grant Recommender Information

Please identify the person opening the Account in the "Primary Grant Recommender" space. The Primary Grant Recommender may recommend grant distributions from the Account. The Primary Grant Recommender may, at his/her option, identify a Secondary Grant Recommender who will have full and equal rights to recommend grant distributions and select respective successor(s) to the Account. All Account correspondence will be sent to the Primary Grant Recommender. Only one Secondary Grant Recommender may be identified.

Please enter the following information for the Primary Grant Recommender:

Title: First Name: Last Name: Suffix:
Date of Birth:
Address:
City: State: Zip Code:
Phone Number & Email:

Please enter the following information for the Secondary Grant Recommender:

Title: First Name: Last Name: Suffix:
Date of Birth:
Address:
City: State: Zip Code:
Phone Number & Email:

Should this individual receive a copy of the statement?

Yes No (Default, if unchecked)

Name on the Account (Maximum of 36 characters)

Account Name:

Successor Selection

You have the option of either naming an individual to succeed as Grant Recommender of the Account or authorizing any remaining account balance to be transferred to Jewish Community Foundation Inc. upon disqualification of all grant recommenders of the Account.

Check the appropriate box to select your option and complete any requested information.

Option A: Grant Recommender Successor

First and Last Name:

Option B: Authorize Transfer to Jewish Community Foundation Inc.

Upon the disqualification of all grant recommenders, transfer remaining assets in the Account to Jewish Community Foundation Inc. for disbursement in accordance with its grant making policies.

Initial Contribution

Amount

Cash

Please make check payable to Jewish Community Foundation Inc. and mail with application to the address on page 1.

Wire

Please wait to initiate a wire transfer until Jewish Community Foundation Inc. contacts you with an account number and instructions so that you may wire funds directly to the new account.

Security Certificates Held in Personal Possession

Please complete and attach Form A and the Irrevocable Stock or Bond Power Form.

Transfer Assets Held at Financial Institutions

Please attach completed Form B.

Choose Your Investment Asset Allocation Model

You may choose **one** of the following asset allocation model portfolios:

- Current Income Portfolio
- Global Core Moderate Growth & Income Portfolio
- Global Core Growth & Income Portfolio **(Default)**
- Global Core Capital Growth Portfolio

Please refer to the Asset Allocation Worksheet in selecting your model.

*If you do not choose one of the above portfolios, your gift will be invested in the default option.

Signatures

I understand that any contribution represents an irrevocable contribution and is not refundable to me for any reason. I understand that I may make recommendations concerning the investment of Account assets and may make recommendations concerning grants from the Account. I further understand and agree that no recommended grants from the Account may be used to discharge or satisfy a charitable pledge or obligation made in my own name that is legally enforceable against me or any other person, or to pay for goods or services of value received by me or any other person. If anyone other than me is a grant recommender on the Account, each of us has authority acting individually, without notice to me, to recommend grants.

Primary Grant Recommender:

Name

Signature

Date

Office Use Only

Beneficiary Organization 1 _____ Amount _____

Beneficiary Organization 2 _____ Amount _____

Net Asset Classification: Donor Designated _____ Temp Restricted _____ Perm Restricted _____

Board Designated _____ Agency/Liability _____

Jewish Community Foundation Inc. Approval:

Approved By: _____

Date Approved: _____
