



THE GLOBAL GIFT FUND®

## GLOBAL GIFT FUND® APPLICATION A Donor-Advised Service of MDRT Foundation

Please complete all information on this Application to establish a Donor-Advised Fund. The minimum fund size is \$25,000, excluding those funded with a planned or deferred gift. There is a \$125 set up fee for all accounts. Please print in ink or type. If you need assistance, contact your DonorAdvisor™ or Global Gift Fund Home Office, toll free 877.685.4644.

### Fund Information

**Fund Name:** Please select a fund name. The Fund can be named after you or your family or it can reflect an area of interest to you (i.e., The William Jones Family Fund or the Jones Fund for the Arts or the Mental Health Fund). The name of the Fund is used in correspondence with the charitable organizations that receive grant payments from the Fund. If you choose to remain anonymous, select a name that does not reveal your identify such as the Jones Youth Fund for Omaha or the Jones CARE Fund. The words "trust" or "endowment" may not be used.

**Fund Name:** \_\_\_\_\_

**Mission Statement:** Please indicate the charitable purposes for which you are establishing the Fund. The mission statement may be for general charitable purposes, or more limited such as to the arts or social service causes, etc.

Recommended Primary Fund Purpose:

\_\_\_\_\_

### Donor Information

Donor(s) of Record/GiftAdvisor™:

Mr./Mrs./Ms \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Business Phone: (    ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Fax Number: (    ) \_\_\_\_\_

Reports will be mailed to the Donor of Record/GiftAdvisor only.

Additional Donor:

Mr./Mrs./Ms \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Business Phone: (    ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Fax Number: (    ) \_\_\_\_\_

## FUND OPTIONS

**A.** The Fund can be established in the following ways. Please indicate the type of Fund you choose to establish. All recommendations for charitable distributions may be accepted or rejected, in whole or in part, by the MDRT Foundation in its sole and absolute discretion.

- Donor Advised Fund*, GiftAdvisor has the ability to make grant recommendations from Fund.
- Designated Fund*, benefits the following cause or charitable organization.
- Field of Interest Fund*, benefits a charitable area such as arts or education that is managed by the MDRT Foundation.

**B.** The Fund you establish may be created as a non-permanent fund or as an endowed fund. An endowment fund is kept in perpetuity to provide investment income for the benefit of charitable causes. Please indicate the type of fund you choose to establish.

- Non-Permanent Fund* – GiftAdvisor recommends grants for charitable purpose utilizing investment income and principal.
- Endowment Fund* – GiftAdvisor recommends grants for charitable purposes utilizing investment income.

## CONTRIBUTIONS

**Cash Contribution:** For contribution by check or wire transfer, please complete the section below or call your DonorAdvisor for assistance. The MDRT Foundation's tax identification number (EIN) is 36-6080766.

<input type="checkbox"/> Check:	(Made payable to Global Gift Fund)
<input type="checkbox"/> Wire:	From:

**Marketable Securities:** All securities transfers must be initiated by the donor or your DonorAdvisor. For securities transfer assistance consult your DonorAdvisor.

Name of Security Issuer / Where Held	Account Number	Name of Account	Number of Shares	Ticker Symbol

**Other Assets:**

Description: \_\_\_\_\_

**Life Insurance:** You may establish the Fund with a life insurance policy. A check for the \$125 set up fee must accompany the application agreement.

For all donations of Life Insurance there is an annual account service fee of \$125 and the designation of a minimum of 5% of the death benefit (or a cash equivalent if the policy is surrendered or transferred) as an unrestricted gift to the MDRT Foundation.

Choose one of the following for life insurance policy donations:

- Paid-up policy
- Premium due policy (must have a minimum face value of \$100,000)

**Planned gift:** You may establish the Fund with a planned gift and choose one of the successor options. A check for the \$125 set up fee must accompany the application agreement; however, there are no annual fees until the Fund receives the contribution. Please indicate the type of gift:

- Bequest
- Charitable Remainder Trust
- Other \_\_\_\_\_

<p>If the Fund is established with a Charitable Remainder Trust, please indicate:</p> <p>Name of Trustee _____</p> <p>Trust Administrator _____</p>
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<b>Successor GiftAdvisor™</b>
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The Successor GiftAdvisor has the right to make grant recommendations from the Fund upon the donor's resignation or death. Successive GiftAdvisors may be changed at any time by having the donor submit written notification to Global Gift Fund. If no successor GiftAdvisor is named by the last surviving donor, then, upon notification to the MDRT Foundation of the death or resignation of that donor, the MDRT Foundation will distribute the proceeds to the unrestricted grant program of the MDRT Foundation. There are three successor options, please choose from one of the three and indicate your successor GiftAdvisor below:

- I will name an individual to succeed me as the GiftAdvisor for the Fund.
- I recommend that the Fund support one or more charitable organizations upon the death of the Fund's last surviving advisor.
- I recommend the transfer of the Fund's assets to the MDRT Foundation for the unrestricted grant making activities of the MDRT Foundation.

*As Donor/GiftAdvisor(s), I/we hereby recommend the following successor GiftAdvisor:*

Mr./Mrs./Ms: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number: (            ) \_\_\_\_\_

Tax ID or Social Security Number: \_\_\_\_\_

**General terms and conditions:** The MDRT Foundation has the responsibility for holding, managing, investing and reinvesting the Fund. The MDRT Foundation shall collect the income and shall pay and disburse the net income and principal thereof exclusively for general charitable uses and purposes, in accordance with the provisions specified in the Articles of Incorporation creating the MDRT Foundation, all of which provisions are hereby incorporated by reference and conclusively assented to and adopted. (The phrase "charitable uses and purposes" shall be defined as all of those activities, uses and purposes described in Section 501(c)(3) of the Internal Revenue Code.) It is intended that the Fund shall be a component part of the MDRT Foundation as defined in section 1.170A-9 (e)(11) of the Income Tax Regulations and that nothing herein shall affect the status of the MDRT Foundation as an organization (i) described Section 501(c)(3) of the Internal Revenue Code of 1986 (Code) and (ii) which is not a private foundation within the meaning of section 509(a) of the Code. This application agreement shall be interpreted in a manner consistent with the foregoing intention and to conform to the regulations issued hereunder. The Fund is protected from obsolescence. Should the purposes for which it was created ever become obsolete or incapable of fulfillment, MDRT Foundation shall use the Fund for a purpose as similar as possible to those set forth in this Application determined in the MDRT Foundation's sole discretion. The MDRT Foundation has exclusive legal control over the contributed assets.

<b>ACKNOWLEDGEMENT</b>
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The undersigned donor (hereafter referred to in the first person singular) makes an irrevocable and non-refundable gift for charitable purposes to the MDRT Foundation under the terms and conditions of this application agreement to establish a Global Gift Fund. By signing below, I hereby acknowledge that I understand the terms and/or conditions for establishing a Fund. I certify that, to the best of my knowledge, all information presented in connection with this application is accurate and agree to notify the MDRT Foundation promptly of any changes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Donor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Donor: \_\_\_\_\_

## DonorAdvisor™ and Investment Information

### Fund Management:

Please select one of the existing Fund investment models (C Shares or A at NAV) or follow the MDRT Foundation's investment models to select an investment (plan must be approved by the Gift Acceptance Committee of the MDRT Foundation). Note that all investments must follow the investment guidelines and asset allocation requirements of the MDRT Foundation.

A.  American Funds

Van Kampen Investments [choice of 4 pre-approved funds: Growth & Income (#221); Equity & Income (#225); Limited Maturity Government (#230); and Equity Growth (#668)]

B.  Account Management – Registered Investment Advisor (RIA)

\_\_\_\_\_

### Investment Management Information:

Representative's Name: \_\_\_\_\_ Rep. # \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/St./Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Broker/Dealer Name: \_\_\_\_\_ I.D. # \_\_\_\_\_

Address: \_\_\_\_\_ City/St./Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

I have assisted the Donor(s) with the application agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(DonorAdvisor)

Mail completed form to: *Global Gift Fund Advisor Services  
Renaissance Administration, LLC  
6100 West 96<sup>TH</sup> St., Suite 120  
Indianapolis, IN 46278  
FAX: 877-736-4624*

*Questions should be directed to Global Gift Fund Home Office toll free at 877.685.4644*

For internal use only:

\_\_\_\_\_ Date accepted \_\_\_\_\_ Acknowledgement letter \_\_\_\_\_ Receipt issued

*Global Gift Fund® is a registered trademark of the MDRT Foundation. DonorAdvisor™ and GiftAdvisor™ are trademarks of the MDRT Foundation. MDRT Foundation is a qualified 501(c)(3) Community Foundation.*