



San Francisco, CA
T: 415.561.3900
rsfsocialfinance.org

AGREEMENT FORM Donor Advised Funds

INSTRUCTIONS

Return by email to PS@rsfsocialfinance.org or by mail to RSF Social Finance, P.O. Box 2007 San Francisco, CA 94126.

QUESTIONS?

Contact the Philanthropic Services Team at PS@rsfsocialfinance.org

I. TELL US ABOUT YOU

To establish a Donor Advised Fund at RSF Social Finance (RSF), please complete and return this form along with your initial contribution according to the instructions above.

Once the Fund is established, you may recommend grants, recoverable grants and/or direct investments to qualified charitable organizations. If two donor advisors are named, we will accept grant recommendations from either donor advisor unless otherwise specified. If you would like to authorize more contacts on your fund, please email us with their contact information, their role, and the client portal access level you would like them to have.

Be aware that RSF cannot honor recommendations that result in any benefit to you, a family member or related parties, such as event tickets or memberships.

If you need additional forms or have any questions, please contact us at 415-561-3900 and ask for the Philanthropic Services Team. You may also download forms from our website at rsfsocialfinance.org/daf.

_____ DONOR ADVISOR NAME

_____ MAILING ADDRESS

_____ CITY STATE ZIP

_____ PHONE

_____ E-MAIL ADDRESS

_____ BIRTHDATE

_____ JOINT DONOR ADVISOR NAME

_____ MAILING ADDRESS

_____ CITY STATE ZIP

_____ PHONE

_____ E-MAIL ADDRESS

_____ BIRTHDATE

II. NAME YOUR DONOR ADVISED FUND

You may give the Donor Advised Fund a name that reflects your charitable intentions, or identifies you, or is in honor of another. A letter naming the Fund will accompany each grant from the Fund unless you prefer to remain anonymous.

_____ NAME OF DONOR ADVISED FUND

_____ How did you hear about us?

III. YOUR INTEREST AREAS

Please indicate which aspect(s) of RSF's mission are of particular interest to you. This information helps us to better understand and serve our clients.

FOOD & AGRICULTURE

EDUCATION & THE ARTS

CLIMATE & ENVIRONMENT

SOCIAL FINANCE

SOCIAL JUSTICE

OTHER: _____

IV. NAME A SUCCESSOR OR BENEFICIARY

As the donor advisor(s), you have the right to make recommendations as to Fund investments and grants. You may (but are not required) to name a successor advisor to take your place upon your death. Alternately, you may name a qualified charitable organization to receive the remaining balance of your Fund.

If you wish to name additional or different successors or charitable beneficiaries, please send an email to PS@rsfsocialfinance.org or a letter to RSF Social Finance, P.O. Box 2007, San Francisco, CA 94126.

V. MAKE A CONTRIBUTION

Initial donations to RSF are accepted in the amount of \$5,000 or more in the form of a check, wire transfer, or marketable securities (i.e. stocks and bonds) and/or mutual funds shares. Subsequent donations can be any amount. You must maintain a minimum balance of \$500 at all times. All contributions are irrevocable.

For wire transfer instructions, or for information on donating securities or other property, please contact us at 415.561.3900 or via email at PS@rsfsocialfinance.org.

VII. SIGNATURES

By signing this application, I acknowledge that any contribution to this Donor Advised Fund, once accepted, is an irrevocable donation to RSF, who has final authority as to all investment and grantmaking decisions and exclusive legal ownership and control over all gifts.

I or any successor advisor has the right only to make nonbinding recommendations respecting investment or grantmaking, as described in the Donor Advised Fund Program Guide.

SUCCESSOR CHARITABLE BENEFICIARY

SUCCESSOR ADVISOR OR CHARITABLE BENEFICIARY NAME

MAILING ADDRESS

CITY STATE ZIP

PHONE

E-MAIL ADDRESS

RELATIONSHIP TO DONOR (FOR SUCCESSOR ONLY)

BIRTHDATE

CHECK ENCLOSED PAYABLE TO RSF IN THE AMOUNT OF: \$ _____

WIRE TRANSFER IN THE AMOUNT OF: \$ _____

SECURITIES OR OTHER PROPERTY: _____

DONOR ADVISOR SIGNATURE PRINT NAME DATE

JOINT ADVISOR SIGNATURE PRINT NAME DATE

By signing this agreement jointly, you agree that any Joint Advisors have equal advisory rights over the Fund.