



Instructions

Fund Name

Please complete all information in this application to open a designated fund with The Signatry. Print in ink or type. If you need assistance, you may contact your financial advisor or call 913-310-0279. After the fund is open, you can log-in at our website at thesignatry.com to contribute to the fund.

Return completed forms to:

Mail or Overnight Delivery:Fax:Email:The Signatry913-227-0254donorcare@thesignatry.com

7171 W. 95th Street, Suite 501 Overland Park, KS 66212

Designated Fund Information

A designated fund with The Signatry is used for designating gifts to a single ministry or charity. To learn more about designated funds, visit thesignatry.com.

Most designated funds include the organization and the donor's name in the fund name. (ie. The Jane Smith First Baptist Church Designated Fund). Unless you choose to remain anonymous, the name of the fund will be used in grant correspondence.

Designated Charity	*		
Charity Name			
Tax ID/EIN		Web Address	
Address			
	Street		
City	State	Zip	
Phone			

*Charity must be recognized and qualified as a tax-exempt organization and a public charity or private operating foundation under Sections 501(c)(3) and 509(a) of the Internal Revenue Code, contributions to which are tax deductible under Sections 170(c) and 170(b)(1)(A) of the Code. The Signatry may, in its sole discretion, close the designated fund and distribute the assets to another charity. For example, this will happen if the designated charity ceases to qualify to receive grants under the Code or The Signatry User Agreement (available online at thesignatry.com/agreement).

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Donor Informatio	n				
Donor of Record*					
☐ Mr. ☐ Mrs.	☐ Ms.				
Full Name				Date of Birth	
Address					
Street		Cit	ty	State	Zip
Primary Phone Home	Cell Business				
Email Address					
Additional Donor*					
☐ Mr. ☐ Mrs.	☐ Ms.				
Full Name				Date of Birth	
A al aluma a a					
Address Street		Cit	у	State	Zip
Primary Phone	Cell Business				
Email Address					
* Reports will be mailed to the	Donor of Record only				
(To have a financial a	advisor manage y	our fund's inves	access your fund, plea tments, please comple onal advisor access, yo	te "Investment Option	on 2: Investment
Additional Advisor:	Accountant	Attorney	☐ Financial Advisor	Other	
Advisor's Name and Ti	tle				
Firm Name					
Address		Street			
City		State		Zip	
Phone					
Email Address					
I authorize my authori	zed user to access	my fund:			
	plete access to the				
_			ting investment settings		
	ts—View only acces			a ta tha fina l	
∐ κeaα Uniy —View o	only access without	trie ability to reco	mmend grants or change	s to the fund	

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Investment Option 2: Investment Manager

If you would like to have your fund managed by a financial advisor, please recommend in the space below an investment advisor for your fund; however, remember that final selection is made by The Signatry. All managers retained by The Signatry must adhere to The Signatry's investment policies. If you selected Option 1, you do not need to recommend a financial advisor.

Company				
Advisor Name				
Address				
	Street			
City	State		Zip	
Phone		Fax		
Email Address				
Successor Information	on			
Please provide The Signa	atry with advice regarding the	distribution of this	fund in the event of you	ur incapacity or death.
Please fill out either Opti	on 1 or Option 2.			
Option 1: Final Distribut	tions to Designated Charity	:		
Please provide recommend	ations on amount and timing for	distributions. Funds	will be distributed until th	e balance is \$0.
Grant Amount: \$				
Monthly:	Quarterly:		Yearly:	
Organization Name				
Address				
Street		City	State	e Zip
Primary Phone	I Call Rusinass	Fmail Address		

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Option 2: Naming Successor Advisors to Continue Advising Your Fund

Primary Successor	Secondary Successor
Full Name	Full Name
Address	Address
Street	Street
City State Zip	City State Zip
Primary Phone	Primary Phone
Email Address	Email Address
Date of Birth	Date of Birth
Relation	Relation
	ation I have provided is accurate and I will notify The Signatry
promptly of any changes; 2. Understand that all assets held in a designated func The Signatry's exclusive legal control;	d at The Signatry are The Signatry's property and subject to
	fund can be used only for charitable purposes and not for the urpose conferring impermissible private benefit;
4. Acknowledge that my capacity as a donor is adviso authority and discretion to invest and disburse all asse	ry in nature and that The Signatry has the sole and exclusive ets in a designated fund;
5. Acknowledge that I have read and agree to this App	lication and The Signatry User Agreement.
Signature	
Printed Name of Donor	Date
Signature	
Printed Name of Donor	Date

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