



Application and Prequestionnaire

1. Name of Donor(s): _____

2. Name of Fund shall be: _____

3. Designated Organization aka the Beneficiary: _____

4. Purpose of the Fund shall be: _____

5. Donor's Contribution. Donor irrevocably assigns, conveys, transfers and delivers to the Catholic Foundation of Michigan an opening contribution of \$ _____

Please select your preferred method for the initial contribution:

Check - Made payable to the Catholic Foundation of Michigan with the name of the fund in the memo. Wire Transfer; Please contact the Foundation for instructions

Publicly Traded Securities or Mutual Funds. Name of Stock or Fund _____ Other _____

6. Additional gift: The donor wishes to make a contribution to the Catholic Foundation of Michigan Endowment for the long-term financial support of Catholic philanthropy in the amount of \$ _____.

7. Final Distribution Plan Upon the date of death of the last surviving Advisor or upon the date that all of the then-living Advisors release the privilege of making suggestions regarding the distributions to be made from the Fund, the Fund will be disbursed in the following manner:

Combinations must total 100% in the far right column.

Distribute to an existing fund at the Foundation which has been established for the sole benefit of the Beneficiary. _____%

Fund Name: _____

Distribute all assets immediately to the Beneficiary. You may wish to have all assets distributed in a lump sum. _____%

Distribute to establish a new Endowment Fund with the Foundation for the benefit of Beneficiary. _____%

8. Information Release. Donor hereby grants permission for Fund name to be shared

a. In Foundation's annual donor reporting (i.e. annual report) YES NO

b. When providing grants to benefiting organization YES NO

9. How did you hear about the Catholic Foundation of Michigan?

Donor initiated

Referred by a professional advisor

Through a school/parish partnership

Referred by pastor

Through Catholic Foundation marketing

Other: _____

Designation of Fund Advisors: Please identify up to two people to serve as Advisors to the Fund.

In order for the Foundation to accept distribution instructions from Fund Advisor(s), we must have that Fund Advisors contact information and signature on file. Unless the Foundation is notified otherwise in writing, each Fund Advisor shall have the full, equal and independent privilege to direct distributions.

Primary Advisor

Additional Primary Advisor

| | | | | | | | |
|--|------------|--------------|--------|--|------------|--------------|--------|
| Title | First Name | Last Name | Suffix | Title | First Name | Last Name | Suffix |
| Mailing Address | | | | Mailing Address | | | |
| City/State/ZIP | | | | City/State/ZIP | | | |
| Date of Birth | | | | Date of birth | | | |
| Primary Phone | | Second Phone | | Primary Phone | | Second Phone | |
| Email Address | | | | Email Address | | | |
| Receive Online Fund Statements? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | Receive Online Fund Statements? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

Optional Successor Advisors: identify up to 2 people to serve as successors to the above advisors to the fund. You may wish that, upon the death, resignation or incapacity of the last surviving Fund Advisor listed above, advisory privileges for your Fund transfer to successors who you name below. If you do not list Successor Advisors below, your final distribution plan above shall apply.

Successor Advisor #1

Successor Advisor #2

| | | | | | | | |
|-----------------|------------|---------------|--------|-----------------|------------|---------------|--------|
| Title | First Name | Last Name | Suffix | Title | First Name | Last Name | Suffix |
| Mailing Address | | | | Mailing Address | | | |
| City/State/ZIP | | | | City/State/ZIP | | | |
| Primary Phone | | Date of Birth | | Primary Phone | | Date of Birth | |
| Email Address | | | | Email Address | | | |

Donor Signature (Required)

Date

Donor Signature (Optional)

Date



Designated Organization Information

| | |
|--------------------------------------|--------------------------|
| Designated Organization's Legal Name | |
| Mailing Address | |
| City/State/ZIP | |
| Primary Phone | Federal Tax ID # EIN: |
| Website | Facebook Link |
| Twitter Handle | LinkedIn Link |

On Site Organization/Beneficiary Contact

| | |
|---------------|-----------------|
| Name | |
| Primary Phone | Secondary Phone |
| Email | LinkedIn |

Board Contact (if applicable)

| | |
|---------------|-----------------|
| Name | |
| Primary Phone | Secondary Phone |
| Email | LinkedIn |

Promotion Will this be fund be made public so that others can contribute to the fund? YES NO

If yes: Public description describing the fund (2-3 Sentences): _____

After completing this form, email it to info@catholicfoundationmichigan.org or mail it to:
Catholic Foundation of Michigan, 1145 W. Long Lake Road, Suite 201. Bloomfield Hills, MI 48302.
For questions, please call our helpful staff at 248.204.0332