



New Fund Information

To begin your philanthropy with MCF, please complete the following. If you have any questions or need assistance in completing this form, please contact your MCF advisor or call Linda Sweeney at 415-464-2507.

Date: _____

Name Your Fund

You can name your fund after yourself, your family, in memory of someone, after an issue area that you care about, or with a name that will not convey your identity.

Fund Advisor Information

Fund Advisor/s: All current and successor Advisors have the ability to recommend grants, investment changes, and further successor Advisors, unless otherwise stated. If you desire additional Advisors, please list them on page 12.

Current Fund Advisor

Current Fund Advisor

Prefix, First name, Last name

Prefix, First name, Last name

Home address

Home address

City

City

State, Zip

State, Zip

Home phone, Cell phone

Home phone, Cell phone

Preferred email address

Preferred email address

Company name

Company name

Title

Title

Business phone

Business phone

Founding donor? Yes No

Founding donor? Yes No

Professional Advisor Information

Please provide contact information for the professional advisor/s with whom you partner to manage your finances. This information will not be shared outside MCF.

Wealth Advisor

Name

Firm

Business address

City

State, Zip

Business phone

Email address

Provide this person with:

Authorization to communicate with MCF staff
Yes No

Ability to view the Fund online
Yes No

Ability to draft grant recommendations for
review by fund Advisor Yes No

Ability to submit grant recommendations on
behalf of the Fund Yes No

Ability to make investment allocation changes
Yes No

Gift acknowledgment letters to your fund
Yes No

Accountant

Name

Firm

Business address

City

State, Zip

Business phone

Email address

Provide this person with:

Authorization to communicate with MCF staff
Yes No

Ability to view the Fund online
Yes No

Ability to draft grant recommendations for
review by fund Advisor Yes No

Ability to submit grant recommendations on
behalf of the Fund Yes No

Ability to make investment allocation changes
Yes No

Gift acknowledgment letters to your fund
Yes No

Professional Advisor Information

Please provide contact information for the Professional Advisors with whom you partner to manage your wealth. This information will not be shared outside MCF.

Attorney

Name

Firm

Business address

City

State, Zip

Business phone

Email address

Provide this person with:

Authorization to communicate with MCF staff
Yes No

Ability to view the Fund online
Yes No

Ability to draft grant recommendations for
review by fund Advisor Yes No

Ability to submit grant recommendations on
behalf of the Fund Yes No

Ability to make investment allocation changes
Yes No

Gift acknowledgment letters to your fund
Yes No

Other

Name

Firm

Business address

City

State, Zip

Business phone

Email address

Provide this person with:

Authorization to communicate with MCF staff
Yes No

Ability to view the Fund online
Yes No

Ability to draft grant recommendations for
review by fund Advisor Yes No

Ability to submit grant recommendations on
behalf of the Fund Yes No

Ability to make investment allocation changes
Yes No

Gift acknowledgment letters to your fund
Yes No

Gifts to Your Fund

On what date do you plan to make the initial gift to establish your fund? _____

What will be the estimated amount of your initial gift? _____

Indicate the type of gift you plan to contribute: Now Future

Cash

Publicly-traded securities

Privately-held/restricted securities

Private equity/venture/hedge fund investments

Real estate

Personal property (e.g. artwork; jewelry)

Cryptocurrency

Type: _____

Retirement assets

Charitable assets (e.g. donor-advised fund;
private foundation)

Royalties and distribution rights

Insurance

Business interests (inc. partnerships and
interests in LLCs)

Charitable remainder trust

Charitable lead trust

Other _____
(please specify)

Please contact your MCF advisor or call Linda Sweeney at 415-464-2507 for instructions before making your initial gift. We can consider receiving other assets as gifts to your fund on a case-by-case basis.

After establishing your fund, you can make additional gifts at any time.

Expendable or Endowed Fund

Endowments are permanent funds established to carry out the donor's philanthropic intentions in perpetuity. In essence, endowments are gifts that keep growing and giving. Assets are invested for growth, and the amount available for grants each year is based on a "spending rule" that currently distributes a maximum of 4.50% of the average market value of the fund over the preceding 12 quarters. (Note: this percentage rate can vary based on the economic growth forecast.)

Expendable funds permit grant distributions in any amount at any time.

My fund is an endowment. It will make grant distributions in perpetuity.

My fund is expendable. It will make grant distributions until fund assets are exhausted, at which time the fund will terminate.

My fund is expendable during the lifetime(s) of the original donor(s). I/we wish the fund to become an endowment upon the death of the last original donor. *Please note, this option is currently available to funds with assets greater than or equal to \$250,000. If upon the death of the last original donor the balance in the fund does not meet this required threshold for endowment, the fund shall remain an expendable fund.*

Recognition & Thanks

Each grant made from your fund is sent to the grant recipient with a letter. You can choose whether you want to be recognized in that letter, or to appear as "Anonymous".

You will have the opportunity to specify your preferences for recognition each time you recommend a grant. For the default settings:

Do you want the name of your fund included in the letter? Yes No

Do you want the fund Advisor name(s) to be included in the letter? Yes No

The grantees you support may wish to send a thank you letter and other information. Please select your preference for this correspondence:

Please forward all mail from grantee organizations

Please forward thank you letters only

Please do not forward any correspondence from grantee organizations

Investment Allocations

Please refer to the MCF website (www.marincf.org) for information on investment pool options.

Indicate how would you prefer the fund's assets be invested (Note: You can change your investment allocation at any time.)

According to MCF's standard long-term investment plan (75% equities; 25% fixed-income instruments).

According to MCF's standard short-term investment plan (100% money market accounts)

According to the following investment plan:

_____ % MCF Equity pool

_____ % MCF FutureFirst pool

_____ % Fixed-income instruments

_____ % Money market account

_____ % Enhanced cash pool

_____ % CommunityFirst Pool

100%

The Future of Your Fund

You have four options for the administration of your fund upon your resignation, incapacity, or death. Please select your preferred option(s) below and complete the corresponding section(s) on the subsequent pages.

- 1. Successor Advisor(s):**
Name successor Advisor(s) to have advisory privileges (e.g. your children).
- 2. Designated Beneficiary(ies):**
Direct MCF to make grants to support specific nonprofit organizations.
- 3. Field(s) of Interest:**
Direct MCF to make grants to fund organizations working in an identified area(s) of interest and/or geographic area(s).
- 4. Unrestricted:**
Direct MCF to make grants from your fund where the needs are greatest.

Option 1: Successor Advisor(s)

Please select one option below to indicate how you would like your fund to be administered after your resignation, incapacity, or death.

Successor Advisor(s) Work Together

One Fund Advisor: I would like the fund and its name to remain intact with one successor Advisor serving as the primary Advisor. The primary Advisor can make grant recommendations and other decisions for the fund on behalf of all named successor Advisors. MCF will not be responsible for monitoring family agreements regarding grantmaking and investment activities.

Multiple Fund Advisors: I would like the fund and its name to remain intact. All successor Advisors can make grant recommendations and other decisions. MCF will not be responsible for monitoring family agreements regarding grantmaking and investment activities.

Successor Advisor(s) Work Independently

I would like the fund to close and for its assets to be split among new independent funds. Each successor Advisor will have naming and advisory privileges for their new independent fund. Note: Each independent fund will be charged a fee.

Please identify your successor Advisors below.

Successor Advisor 1
(Primary Contact)

Successor Advisor 2

Successor Advisor 3

Prefix, First name, Last name

Prefix, First name, Last name

Prefix, First name, Last name

Relationship to Donor

Relationship to Donor

Relationship to Donor

Street address

Street address

Street address

City

City

City

State, Zip

State, Zip

State, Zip

Phone

Phone

Phone

Email address

Email address

Email address

Date of birth

Date of birth

Date of birth

How much discretion do you want the successor Advisor(s) to have in recommending grants?

Complete discretion. Successor Advisor(s) may recommend grants to any qualified organization.

Limited discretion. If you select this option, please provide information on your area(s) of interest in the section that follows.

Your area(s) of interest for the future of your fund: If you have chosen to determine the area(s) of interest that grants from this fund should support after you are no longer serving as the fund's Advisor, please describe them:

You may indicate whether you plan to communicate your succession plans with your successor Advisor(s) prior to your resignation, incapacity, or death.

Yes No, I would like to keep my succession plans confidential until after my resignation, incapacity, or death; MCF will then share this information with my successor Advisors.

Option 2: Designated Beneficiary(ies)

In lieu of, or in tandem with, identifying successor Advisors, please indicate the nonprofit organization(s) you wish to support upon your resignation, incapacity, or death. If you wish to identify more than four organizations, please attach a separate sheet to this document.

NOTE: If the organization(s) you selected are no longer in good standing with the IRS or have ceased to exist, MCF will find organizations with closely-aligned missions doing similar work to receive the grant(s), unless otherwise instructed.

Organization 1

Name of Nonprofit & Tax ID number

Percentage or Dollar Amount

City, State

Organization 2

Name of Nonprofit & Tax ID number

Percentage or Dollar Amount

City, State

Organization 3

Name of Nonprofit & Tax ID number

Percentage or Dollar Amount

City, State

Organization 4

Name of Nonprofit & Tax ID number

Percentage or Dollar Amount

City, State

Option 3: Field(s) of Interest

In lieu of, or in tandem with, identifying successor Advisors, you may identify the interest(s) and/or geographic area(s) to which MCF will make grants from this fund after your resignation, incapacity, or death. Please describe them below:

Option 4: Unrestricted

In lieu of, or in tandem with, identifying successor Advisors, you may give MCF advisory privileges to make grants from your fund.

Yes, I direct MCF to make grants from my fund where the needs are greatest.

Distribution Schedule

Please indicate your desired timeframe for the distribution of your fund's assets following your resignation, incapacity, or death.

Expendable: Spend the fund down over _____ years.

Expendable: My successor Advisor(s) will decide on a spend-down timeframe or will name subsequent successor Advisor(s).

Endowed: Create a permanent fund from which a limited annual percentage is available for grants (currently 4.50% of a rolling 12 quarter market value average; this rate can vary based on the economic growth forecast).

Your Estate Plans

If your estate plans include a gift to your fund at MCF, or you are interested in exploring this option, please notify MCF below. This information will help with the development of the succession plan for your fund. You may check more than one box.

I do not plan to add additional assets to my fund through my estate.

I would like to talk to MCF staff about planning a gift from my estate to my fund.

I have arranged for a contribution to be made to my fund through my estate.

Expected contribution value \$ _____; asset type _____

I have named my fund as a beneficiary for my retirement assets, insurance policy, and/or CRT.

Expected contribution value \$ _____.

About You & Your Fund

If you desire, please describe your vision for your charitable giving, why you decided to open a fund at MCF, and any other information you think would help us better understand your interests, values, beliefs and goals. Note that your assigned Philanthropic Advisor will work with you to further explore your vision to create a meaningful experience with your philanthropy.

Additional Fund Advisors

Prefix, First name, Last name

Street address

City

State, Zip

Home phone, Cell phone

Email address

Date of birth

Company name

Title

Business phone

Founding donor? Yes No

Prefix, First name, Last name

Street address

City

State, Zip

Home phone, Cell phone

Email address

Date of birth

Company name

Title

Business phone

Founding donor? Yes No