



Fund Name: _____
(for office use only)

Designated Fund Agreement

Welcome to Foundation For The Carolinas.
We look forward to making your giving easy, flexible and effective.

Please complete this Gift Fund Agreement form (this "Agreement") to establish a Designated Fund ("Gift Fund") with an irrevocable gift to Foundation For The Carolinas (the "Foundation" or "FFTC"). Designated Funds are created to support a specified nonprofit organization that the Donor names in this Agreement. Grants from the Gift Fund may advance the work of such charitable institutions by supporting capital campaigns, special projects or operating expenses. Further information about Designated Funds, this Agreement and charitable giving is contained in the Foundation's *The Charitable Giving Guide* available online at www.ffc.org.

Purpose

Identify the charitable, nonprofit organization that will benefit from the Gift Fund.

A. Designated Organization.

Please designate the nonprofit organization that will be the beneficiary of the Gift Fund. The designated organization may be changed from time to time by the Opening Donor (as defined below) or the Advisors (as defined below) designated later in this Agreement (if any).

Please note to open the Gift Fund, the Foundation must be able to confirm the organization's status as an eligible public charity. (Designated Organization confirmed as eligible grantee _____ FFTC initial).

Nonprofit Organization Name _____ Federal Tax Identification Number EIN _____

Street _____ City _____ State _____ Zip Code _____

Contact Person (Name & Title) _____ Phone Number of Contact Person _____

Phone _____ Website _____

B. Fund Name, General Purpose and Expectations.

Name

Please choose a name for the Gift Fund below.

Name: _____

Please provide any additional comments below that would help the Foundation better understand the general purpose of the Gift Fund and the philanthropic expectations of the initial Donor(s) to the Gift Fund (the "Opening Donor").

Section continues on next page

Unless you indicate below that you wish for all grants from the Gift Fund to be made anonymously, each grant from the Gift Fund will include the name of the Gift Fund, and the name and address of the Advisor(s) recommending the grant so that the charity may send an acknowledgement. *Unless otherwise indicated, we will use your preferred name/salutation and preferred mailing address.* If you do not select an option below, you may still request a grant be made anonymously at the time of the grant recommendation.

☐ Please use the following name and/or address instead of your preferred name and address when sending grants from the Gift Fund:

☐ Do not display the Gift Fund's name with each grant.*

☐ Do not display the Fund Advisor's name and address with each grant.*

☐ Do not use the name of the Gift Fund in the Foundation's published materials.

☐ I would be interested in being contacted to share my philanthropic story which would allow FFTC to use my name and/or fund name in their publications, website, and other marketing materials. The details of the fund will remain confidential.

**A Fund Advisor may contact the Foundation to request a non-anonymous grant from the Gift Fund.*

Opening Donor(s)

Please provide the following information for the Opening Donor(s). Opening Donor 2 is optional and is limited to the spouse/partner of Opening Donor.

Opening Donor:

☐ Individual ☐ Corporation ☐ Trust/Estate ☐ Other _____

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

First Name Middle Initial Last Name Preferred Name Date of Birth (MM/DD/YYYY)

Name of Corporation or Trust/Estate (if applicable)

Opening Donor: Preferred Mailing Address

Street City State Zip Code

Phone: Home Work Cell

Email: Primary Other

Preferred Phone: ☐ Home ☐ Business ☐ Cell Preferred Email: ☐ Primary ☐ Other

Additional Address: Street City State Zip Code

Section continues on the next page.

Opening Donor 2 (if any):

☐ Individual ☐ Corporation ☐ Trust/Estate ☐ Other _____

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

First Name _____ Middle Initial _____ Last Name _____ Preferred Name _____ Date of Birth (MM/DD/YYYY) _____

Opening Donor 2: Preferred Mailing Address

Street _____ City _____ State _____ Zip Code _____

Phone: _____
Home _____ Work _____ Cell _____

Email: _____
Primary _____ Other _____

Preferred Phone: ☐ Home ☐ Business ☐ Cell Preferred Email: ☐ Primary ☐ Other

Additional Address: _____
Street _____ City _____ State _____ Zip Code _____

Opening Contribution

Please indicate the amount and nature of the opening contribution to the Gift Fund.

The minimum opening contribution is \$10,000 for individuals and families; \$50,000 for corporations or other business entities. Additional gifts can be made at any time.

☐ Check, ACH or wire for \$ _____

☐ Marketable securities: _____ shares
of _____ from _____

☐ Mutual funds: _____ shares of _____
from _____

☐ Transfer \$ _____ from FFTC Fund
Name & # _____

☐ Other: _____

☐ Proceeds from gift of Closely held stock, partnership or LLC interest, etc. – Accepted gifts of closely held business interests via Community Investments Foundation, a Subsidiary Foundation of FFTC. Please contact FFTC staff to discuss a gift of closely held business interests and to request the appropriate documents.

☐ Proceeds from gift of Real estate – Accepted gifts of real property via Community Real Property Holdings, Inc., a Subsidiary Foundation of FFTC. Please contact FFTC staff to discuss a gift of real property and to request the appropriate documents.

Estimated value of total initial contribution(s): _____

Planned Giving

If known or reasonably expected, please complete a Planned Gift Document to indicate the amount, nature and details of any planned gifts.

The Foundation can help you and your financial advisors structure a planned gift that meets your philanthropic and financial goals. A planned gift is generally one that originates during your lifetime but will not be received by the Foundation until after your death.

Estimated value of total expected future contribution(s): _____

☐ I have completed a Planned Gift Document (requested for funds with planned gifts).

Type of Fund

Please choose whether the Gift Fund will be a permanent Endowed fund with the Foundation or a Non-Endowed Gift Fund.

☐ **Endowed** _____ (please initial)

An Endowed Gift Fund is a **permanent**, legacy Fund. Its assets are held irrevocably by the Foundation and are managed to accomplish the identified charitable purposes. Endowed Gift Funds are designed to be preserved in perpetuity, so only the annual spendable income is available for distribution. Choose this option to establish a permanent legacy by providing continuing support for the charitable purposes of the Gift Fund. *The decision to endow is irrevocable and donors should discuss with FFTC staff before selecting this option.*

☐ **Non-Endowed**

A Non-Endowed Gift Fund is a gift fund in which the assets are fully available for distribution at any time. Choose this option to maintain maximum flexibility in terms of grant amounts.

Spendable Amount

The following pertains to Endowed Gift Funds only. Please read if you are establishing an Endowed Gift Fund.

A. Determination of Annual Spendable Amount.

Under applicable law, with respect to Endowed Funds, the Foundation's Board of Directors establishes the annual spendable income rate that is used to calculate the amount available for distribution from the Gift Fund each year (the "Spendable Amount"). The Spendable Amount is determined by multiplying the annual spendable income rate by the average daily value of the Gift Fund for the prior three calendar years or since fund inception (for funds less than three years old). For the current annual spendable income rate, visit www.ffc.org/financials.

B. If Value of Fund Falls Below Historic Dollar Value.

Historic dollar value ("HDV") means the value of the Gift Fund at the time of the original contribution(s) to the Gift Fund plus the dollar value of any subsequent contributions to the Gift Fund (not including any investment earnings or losses). If the value falls below HDV, the determination of the Spendable Amount varies depending on the remaining value of the Gift Fund. If the value equals or exceeds 66% of HDV, the Spendable Amount currently is calculated as previously described. If the value falls below 66% of HDV, the Spendable Amount may be limited in accordance with the Foundation's applicable policies (as provided in the *Charitable Giving Guide*).

Under applicable law and the Foundation's spendable policy as outlined above, the Spendable Amount may be available for distribution even if the value of the Gift Fund falls below HDV. However, spending from a Gift Fund which has a value below HDV (e.g., in the case of a new Gift Fund or a down market cycle) may result in a longer time period to rebuild the value. The Foundation allows Donors the choice to preserve principal rather than follow the Foundation's spendable policy.

Unless initialed below, the Donor requests that the Foundation make available the Spendable Amount (in accordance with the Foundation's spendable policy) even if the value of the Gift Fund Falls below HDV.

_____ Preserve Principal. The Donor requests that the Foundation not allow distributions of any Spendable Amount if the value of the Gift Fund Falls below HDV.

C. Alternative Distribution Plan.

If the Donor wishes to specify a plan for making distributions from the Gift Fund other than the Spendable Amount as described above, please discuss the plan with Foundation staff and attach an outline of it as an addendum to this Agreement.

Space intentionally left blank.

Referral

Who referred you to Foundation For The Carolinas?

Referral Source: _____

Street _____

City _____

State _____

Zip Code _____

Email: _____ Phone Number: _____

Fund Advisors

Please designate Advisors to the Gift Fund.

Advisors may offer recommendations of grants and grants from the Gift Fund. Applicable law requires that the final grantmaking and investment authority and discretion for the Gift Fund are vested with the Foundation. Recommendations are subject to the policies and discretion of the Foundation in order to ensure compliance with applicable laws.

A. Advisor(s).

Each Advisor to the Gift Fund has the privilege of offering recommendations for the Gift Fund. If there are more than two Advisors who will be offering recommendations for the Gift Fund, please provide contact information in an attachment to this Agreement. If multiple Advisors are appointed, each Advisor shall have the right to act unilaterally with respect to the Gift Fund.

Advisors may access information about the Gift Fund, including monthly statements, and recommend grants through the Foundation's secure online portal. Advisors will receive instructions regarding how to create a user account and register for online access to the Gift Fund.

Advisor:☐ Same as Opening Donor ☐ Other (provide information below):☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

First Name _____

Middle Initial _____

Last Name _____

Preferred Name _____

Date of Birth (MM/DD/YYYY) _____

Street _____

City _____

State _____

Zip Code _____

Phone: _____

Home _____

Work _____

Cell _____

Email: _____

Primary _____

Other _____

Preferred Phone: ☐ Home ☐ Business ☐ CellPreferred Email: ☐ Primary ☐ Other**Additional Address:** _____

Street _____

City _____

State _____

Zip Code _____

Section continues on the next page.

Advisor 2 (if any):

☐ Same as Opening Donor 2 ☐ Other (provide information below):

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

First Name Middle Initial Last Name Preferred Name Date of Birth (MM/DD/YYYY)

Street City State Zip Code

Phone: _____
Home Work Cell

Email: _____
Primary Other

Preferred Phone: ☐ Home ☐ Business ☐ Cell Preferred Email: ☐ Primary ☐ Other

Additional Address: _____
Street City State Zip Code

B. Online Access to the Gift Fund

Additional parties can be authorized to access information on the Gift Fund online:

1. Distributions Access: Access monthly statements (online), view fund information & recommend grant distributions (with the same authority as the Advisor)
2. Fund Viewer: Access monthly statements (online), view fund information & history only

To authorize the proper level of access, please list contact information of the person to be authorized below. If more than one person is to be authorized, please provide contact information in an attachment to this Agreement.

Authorized Party (optional):

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

First Name Middle Initial Last Name Preferred Name Date of Birth (MM/DD/YYYY)

Title: _____

Street City State Zip Code

Phone: _____
Home Work Cell

Email: _____
Primary Other

Preferred Phone: ☐ Home ☐ Business ☐ Cell Preferred Email: ☐ Primary ☐ Other

Choose one level of authority, as defined above:

- ☐ Distributions Access: Access monthly statements (online), view fund information & recommend grant distributions (with the same authority as the Advisor)
- ☐ Fund Viewer: Access monthly statements (online), view fund information & history only

Section continues on the next page.

Authorized Party 2 (optional):

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

First Name _____ Middle Initial _____ Last Name _____ Preferred Name _____ Date of Birth (MM/DD/YYYY) _____

Title: _____

Street _____ City _____ State _____ Zip Code _____

Phone: _____
Home _____ Work _____ Cell _____

Email: _____
Primary _____ Other _____

Preferred Phone: ☐ Home ☐ Business ☐ Cell Preferred Email: ☐ Primary ☐ Other

Choose one level of authority, as defined above:

- ☐ Distributions Access: Access monthly statements (online), view fund information & recommend grant distributions (with the same authority as the Advisor)
- ☐ Fund Viewer: Access monthly statements (online), view fund information & history only

**Professional
Advisor(s)**

Please provide contact information for any legal, financial, tax or estate planning professional advisors that have been involved with the planning and establishment of the Gift Fund.

Professional Advisor (if applicable):

☐ Attorney ☐ Accountant ☐ Financial/Investment Advisor ☐ Insurance Advisor

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

First Name _____ Middle Initial _____ Last Name _____ Preferred Name _____

Firm Name: _____

Street _____ City _____ State _____ Zip Code _____

Phone: _____
Business _____ Cell _____

Email: _____
Primary _____ Other _____

Preferred Phone: ☐ Home ☐ Business ☐ Cell Preferred Email: ☐ Primary ☐ Other

Should this professional advisor receive "Fund Viewer" online access to the Gift Fund? ☐ Yes ☐ No

Section continues on the next page.

Professional Advisor 2 (if applicable):

☐ Attorney ☐ Accountant ☐ Financial/Investment Advisor ☐ Insurance Advisor

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

First Name Middle Initial Last Name Preferred Name

Firm Name: _____

Street City State Zip Code

Phone: _____
 Business Cell

Email: _____
 Primary Other

Preferred Phone: ☐ Home ☐ Business ☐ Cell Preferred Email: ☐ Primary ☐ Other

Should this professional advisor receive “view only” online access to the Gift Fund? ☐ Yes ☐ No

If there are other professional advisors who you are working with in connection with the Gift Fund, please provide their contact information.

Succession Plan

Complete this section to address the long-term future of the assets in the Gift Fund.

In the event the designated fund beneficiary ceases operations or no longer exists, the Gift Fund should be administered as follows:

☐ The following organization shall be appointed as an alternate fund beneficiary:

☐ The Foundation shall use its discretion to appoint an alternate designated beneficiary whose mission aligns with that of the initial fund beneficiary.

☐ The Fund shall be used to support FFTC’s discretionary grantmaking in the field of interest that most closely aligns with that of the initial fund designated beneficiary.

If no selection is made, the Fund shall be used to support FFTC’s discretionary grantmaking in the field of interest that most closely aligns with that of the initial fund designated beneficiary.

**Affiliation
(optional)**

If you wish to associate your fund with one of our affiliates, please select from one option below. By doing so, your grant notifications will display the logo of the selected affiliate.

- | | |
|--|--|
| <input type="checkbox"/> Foundation For Black Philanthropy | <input type="checkbox"/> Cabarrus County Community Foundation (NC) |
| <input type="checkbox"/> Charlotte Mecklenburg Community Foundation (NC) | <input type="checkbox"/> Cherokee County Community Foundation (SC) |
| <input type="checkbox"/> Cleveland County Community Foundation (NC) | <input type="checkbox"/> Iredell County Community Foundation (NC) |
| <input type="checkbox"/> Lancaster County Community Foundation (SC) | <input type="checkbox"/> Lexington Area Community Foundation (NC) |
| <input type="checkbox"/> Lincoln County Community Foundation (NC) | <input type="checkbox"/> The Cole Foundation (Richmond County, NC) |
| <input type="checkbox"/> Salisbury-Rowan Community Foundation (NC) | <input type="checkbox"/> Stanly County Community Foundation (NC) |
| <input type="checkbox"/> Union County Community Foundation (NC) | <input type="checkbox"/> York County Community Foundation (SC) |

Supporting Organizations

Please indicate if your Gift Fund is associated with one of FFTC's Supporting Organizations.

Although this is not common, if your fund is affiliated with one of FFTC's Supporting Organizations, please name and discuss with the Philanthropic Advancement Team to ensure a complete understanding of any differences in distribution, investment or other administrative policies.

Custom Services

Custom philanthropic services are specifically designed services including board or committee management, consultation, grant program facilitation, and more.

Please discuss with the Foundation's Philanthropic Advancement Team and attach an addendum listing the agreed Custom services and pricing schedule. ***If custom services have been discussed with and approved for the Gift Fund, then an authorized Foundation Staff member should check the box and initial below.***

☐ **Custom services approved** _____ (FFTC initial)

Fundraising

The Foundation may, under certain very limited circumstances, agree to provide administrative support for fundraising activities for a Gift Fund.

If the Donor desires fundraising activities to be conducted in connection with the Gift Fund established under this Agreement, then prior approval of Foundation Staff and additional documentation are required. ***If fundraising activities have been discussed with and approved for the Gift Fund, then an authorized Foundation Staff member should check the box and initial below.***

☐ **Fundraising approved** _____ (FFTC initial)

Investments

The Foundation is pleased to offer a variety of investment pools for Gift Funds.

FFTC offers unique investment options ranging from a conservative money market fund to growth-oriented and fully diversified funds. For investment pool descriptions and information on performance, visit www.ffc.org/pools.

Please complete and sign Addendum I – Gift Fund Investment Recommendation Form – to select an investment pool. If you do not select an investment pool, the Foundation will place Non-Endowed Funds into the Liquid Reserves Pool and Endowed Funds into the Diversified Long-Term Growth Pool.

Addenda

Please indicate additional addenda attached to this Agreement, if any.

Please check the following box if any addenda other than Addendum I – Gift Fund Investment Recommendation Form are attached to this Agreement?

☐ Additional addenda are attached and listed below:

Space intentionally left blank.

Notes	Use this section to provide any information not addressed elsewhere in this Agreement or to complete any sections of the Agreement where space was otherwise too limited.
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Notes	Use this section to provide any information not addressed elsewhere in this Agreement or to complete any sections of the Agreement where space was otherwise too limited.
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Additional Provisions

Your signature on the following page acknowledges that you have read, understand and agree to the provisions below.

Protection of Tax-Exempt Status. The undersigned agree to comply with any written direction by the Foundation to cease recommending grants or conducting activities that may jeopardize the Foundation's tax status or otherwise subject the Foundation or the Gift Fund to excise taxes that are applicable to donor-advised funds as defined in the Internal Revenue Code (the "Code").

Charitable Giving Guide The undersigned have received and reviewed *The Charitable Giving Guide* and agree to the terms thereof.

Accuracy of Information The undersigned hereby certify that all information presented in connection with this Agreement is accurate to the best knowledge of the undersigned and will promptly notify the Foundation in writing of any changes.

Use of Funds The Foundation will make grants from the Gift Fund to carry out the charitable purposes of the Gift Fund in accordance with the Code. Requests for charitable grants from the Gift Fund should be made at least ten days prior to the date when payment is to be made. The Foundation's ability to make reimbursements to any individual for expenditures or to make a grant for any non-charitable purpose or to any non-charitable entity is generally disallowed by the Code. Advisors wishing to recommend any such reimbursement, grant should discuss it with the Foundation's Finance & Donor Relations Team before engaging in any activity that might otherwise lead the Advisor to an expectation that any such payment would be appropriate. *Please refer to The Charitable Giving Guide for more information.*

Endowed Gift Funds The undersigned understand and acknowledge that any Endowed Gift Fund created under this Agreement (with the Foundation or any of its affiliates or supporting organizations) is a permanent Gift Fund and that only the annual Spendable Amount will be available for distribution (as further addressed in the section hereof entitled "Spendable Amount").

Irrevocable Gifts The undersigned understand that any contribution to a Gift Fund, once accepted by the Board of Directors of the Foundation, represents an irrevocable gift to the Foundation and is not refundable.

Succession Plans In the event that the undersigned shall not have designated a Succession Plan (see the section entitled Succession Plan in this agreement), then the succession plan policy and procedure contained in *The Charitable Giving Guide* which is incorporated by reference shall apply and the Foundation shall have no liability to any party for carrying out such policy and procedure.

Service Charges The Foundation shall be entitled to receive as compensation for its services in investing, administering and distributing the assets held in the Gift Fund created hereunder the service charges set out in the Foundation's regular schedule of compensation applicable at the time of the performance of such services; provided, however, that if the Foundation's Custom service level applies to the Gift Fund, then the Foundation shall be entitled to receive as compensation the service charges as provided in the separate Custom Service Level Addendum attached hereto.

Notice All communications required hereunder shall be in writing and shall be deemed to have been validly served, given or delivered (i) three (3) business days after deposit of same in the United States mail, designated as registered or certified mail, return receipt requested, bearing adequate postage, or (ii) on the date of delivery to such party if delivered by hand or by overnight or other similar courier and addressed to the party to be notified at the address for such party as provided in this Agreement, or to such other address as each party may designate for itself by like notice.

Ownership Tools, equipment and software used by the Foundation to provide service to the Gift Fund shall remain the property of the Foundation and/or its licensors, and no right, title, license or interest in any of them is conveyed to the Gift Fund by this Agreement.

Acknowledgment of Charitable Donations on Behalf of the Gift Fund The Foundation agrees that it will acknowledge to donors all contributions to the Gift Fund in accordance with the guidelines established by the Internal Revenue Service.

Investments The undersigned acknowledge and agree that they have been advised by the Foundation that current IRS regulations or rulings permit Gift Fund Advisor(s) to designate investment preferences but require the Foundation to retain final discretion regarding such investments. The undersigned understand that investments will be administered in accordance with the policies of the Foundation. The undersigned acknowledge that the investments in the Gift Fund are subject to market and interest rate fluctuations. The total investment return of each investment manager is net of investment expenses.

Confidentiality The Foundation agrees not to use any confidential information provided in connection with this Agreement for purposes other than those for which it was provided, without receiving prior consent.

Indemnity In consideration of the Foundation's creating a Gift Fund at the request of the undersigned individual(s) or entity and for other good and valuable consideration, the undersigned hereby agree to indemnify and hold harmless the Foundation against any liability, cost, or expense which the Foundation may incur by reason of its acting upon instructions or recommendations given to the Foundation by any of the undersigned or by persons authorized to make recommendations with regard to the Gift Fund.

Severability The provisions of this Agreement are severable, and the invalidity or unenforceability of any one or more of such provisions shall not affect the validity or enforceability of the remainder of this Agreement which shall remain in full force and effect.

Variance Power It is understood that the Gift Fund to be established pursuant to this agreement will be subject to the provisions of the Charter and Bylaws of the Foundation, as may be amended from time to time, including the power reserved by the Board of Directors to modify any condition or restriction on the distribution of funds if in its sole judgment (without the approval of any trustee, custodian, or agent), such restriction or condition becomes, in effect, unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the area served by the Foundation.

Amendment of Agreement Subject to the provisions of the paragraph herein entitled "Variance Power," this Agreement and any addendums attached hereto shall constitute the entire agreement of the parties and supersedes all prior agreements and understandings, both written and oral, among the parties with respect to the subject matter hereof. Subject to the provisions of the paragraph herein entitled "Variance Power," this Agreement, including any exhibits or attachments hereto, may not be amended or modified, except in a writing signed by all parties to this Agreement.

Governing Law This Agreement is made subject to and shall be construed under the laws of the State of North Carolina, without giving effect to its conflict of laws principles. This Agreement may be executed in several counterparts, each of which shall be deemed an original, and all of which shall constitute one and the same instrument.

Signatures

By signing below, Opening Donor(s) and Advisor, if applicable, hereby acknowledge that they have read, understand and hereby agree to the provisions of this Agreement and that the information provided herein is accurate to the best of their knowledge.

Opening Donor

SIGNATURE

NAME (please print)

TITLE (for institutional donors)

DATE

Opening Donor 2 (if applicable)

SIGNATURE

NAME (please print)

TITLE (for institutional donors)

DATE

Advisor (sign if different from Opening Donor)

SIGNATURE

NAME (please print)

TITLE

DATE

Foundation For The Carolinas

BY

TITLE

DATE

Supporting Organization

BY

TITLE

DATE

INVESTMENT RECOMMENDATION FORM

GIFT FUNDS

FOUNDATION FOR
THE CAROLINAS

Foundation For The Carolinas offers fundholders diverse investment options for philanthropic impact. These investment options span the risk-return spectrum from conservative allocations to more growth-oriented investment pools. Please select one of the following investment pools that best fits your investment objective, anticipated grantmaking, timeline and ongoing contribution rate. *Please note: The initial selection of, or requested changes to, your fund's investment pool will generally take effect within 10 business days after your completed form is received.*

For information on FFTC's investment pools including investment fees, visit: www.fftc.org/pools. For administrative fee schedules, visit: www.fftc.org/advisor_resources#administrative-fee-schedules. For pool selection questions, please contact the FFTC investments team at 704.973.4539.

Investment Pools

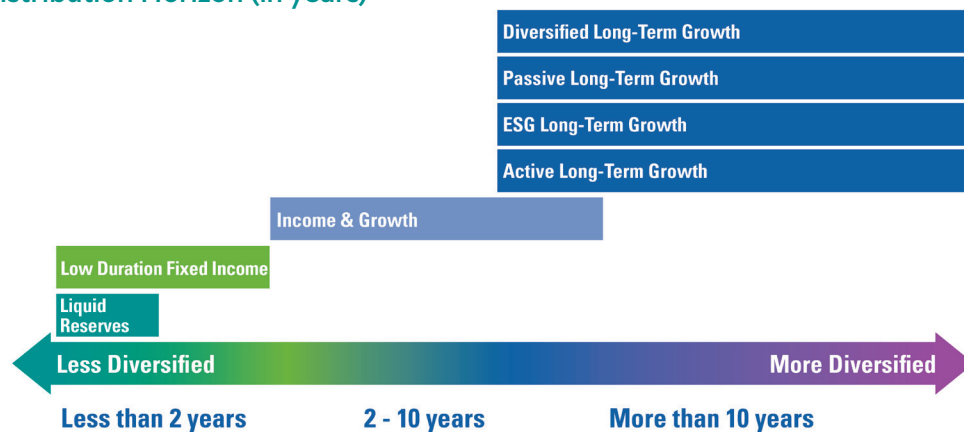
<input type="checkbox"/>	Liquid Reserves
<input type="checkbox"/>	Low Duration Fixed Income
<input type="checkbox"/>	Income & Growth
<input type="checkbox"/>	Passive Long-Term Growth
<input type="checkbox"/>	ESG Long-Term Growth
<input type="checkbox"/>	Active Long-Term Growth
<input type="checkbox"/>	Diversified Long-Term Growth*

*Restrictions on withdrawals apply depending upon the fund balance. Less than \$1M – funds will generally be available for other investment options or grantmaking 90 days after request; \$1M-\$5M – First 80% generally available 90 days after request. Balance is generally available for other investment options or grantmaking one year after request; Greater than \$5M, contact relationship manager for terms.

Investment Alliance Program

- ☐ For funds greater than \$250,000, you may recommend a specific investment manager from outside FFTC's standard investment pools to manage the fund portfolio (FFTC's Investment Committee must approve the recommended manager):

Anticipated Distribution Horizon (in years)



By signing below, I (we) acknowledge that I have received and understand FFTC's pool investment fees & administrative fees and that all funds are subject to the policies of Foundation For The Carolinas as set forth in the Charitable Giving Guide.

Gift Fund Name & Number: _____

Signature of Advisor: _____

Print name: _____ Date: _____

Please email the completed form to investments@fftc.org.

Foundation For The Carolinas does not provide tax, legal or investment advice. The information in our publications and on our website is general in nature, and is not intended to be a substitute for consulting your legal, tax or investment advisor regarding your particular situation. Any performance data is based on past performance and is no guarantee of future results.