



## ABE Charitable Gift Account Application

This account application is the initial step in establishing a Donor-Advised Account in the ABE Charitable Gift Fund. Please provide information about yourself and others who will be responsible for the account, and give the account a name. You can also enroll online at [www.abendowment.org](http://www.abendowment.org). If you are interested in learning how to set up a Specific Donee Account, please call 1-800-621-8981, extension 6408.

### Donor Information

Identify the primary Donor.

Donor Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone (optional) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please list additional Donors on a separate piece of paper providing the same information as requested above. Up to three additional Donors may contribute to the account.

### Account Name

Give the account a name for use in correspondence and for publications. You may want the name to reflect your charitable goals; for example, the Smith Family Charitable Fund or the Charles Jones Educational Fund. Please do not use the term "Foundation" as part of the name.

Full Name of the Account \_\_\_\_\_

Fill in the following fields to the best of your knowledge. You can change this information at any time.

### Original Advisors *(optional)*

Donors can name one or more advisors to share the Donor's authority over the account.

Advisor Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone (optional) \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

### Successors *(optional)*

You can choose how the account will be administered upon the death of the account's last surviving Donor by naming one or more individuals as successors to the Donor.

Successor Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone (optional) \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

If you are naming more than one successor, indicate whether you want these individuals to share the responsibility for the account, or if allowed pursuant to the Policies and Procedures of the ABE Charitable Gift Fund, to split the account into several accounts — one for each successor.

Shared Account     Split Account

Please list additional advisors and successors on a separate piece of paper and attach.

### Charitable Beneficiaries

If you wish, you may designate up to two charitable organizations that you wish to receive the proceeds of all or a portion of any remaining assets in your account upon your death, incapacity, or other disqualification. You may also request that the account balance be transferred to ABE's Charitable Legacy Fund.

Charitable Organization(s): \_\_\_\_\_

### Signature

Donor \_\_\_\_\_

Date \_\_\_\_\_

Please complete reverse side.

# Contributions to an ABE Charitable Gift Account

AMERICAN BAR ENDOWMENT



## Please Check Type of Contribution(s)

(minimum of \$5,000 for new accounts; \$500 for existing accounts)

- Cash  Securities (stocks, bonds, mutual funds)  
 Grant from other donor-advised fund program or private foundation (please identify below)

Please fill in the information below depending on the type of contribution.

### Cash Contributions

Please provide the following information so the contribution can be identified when the transfer is complete.

(Dollar Amount) \$ \_\_\_\_\_ Financial Institution (where cash is held) \_\_\_\_\_

Please check one and follow transfer instructions:

- Check — make out and mail to the American Bar Endowment, 321 North Clark Street, Chicago, IL 60610  
 Wire Transfer — to: The Northern Trust Company, ABA #071000152, ATTN: Master Trust Cash Processing, ACCT #5186061000, REF: Acct #26-29835, NAME: American Bar Endowment

### Security Contributions

Please provide the following information so the contribution can be identified.

1. Name of Security	Financial Institution (where securities are held)	No. of Shares or Units	Approx. Value
2. Name of Security	Financial Institution (where securities are held)	No. of Shares or Units	Approx. Value
3. Name of Security	Financial Institution (where securities are held)	No. of Shares or Units	Approx. Value
4. Name of Security	Financial Institution (where securities are held)	No. of Shares or Units	Approx. Value

Please check all that apply, indicate item number above, and follow transfer instructions:

- Mutual funds (Item(s) # \_\_\_\_\_) — call ABE at 1-800-621-8981, extension 6408  
 Security with restrictions (Item(s) # \_\_\_\_\_) — call ABE at 1-800-621-8981, extension 6408  
 Security is unrestricted and DTC eligible (Item(s) # \_\_\_\_\_) — wire to: The Northern Trust Company, DTC #2669, Acct Name: American Bar Endowment Gift Processing Account, Account Number: 26-29835  
 Security is unrestricted and held as physical certificates (Item(s) # \_\_\_\_\_) — send certificates and stock power to: American Bar Endowment, 321 North Clark Street, Chicago, IL 606154. Please call 800-621-8981, extension 6408 to request a stock power form.  
 Bonds — Fed Book Entry (Item(s) # \_\_\_\_\_) — wire to: The Northern Trust Company, DTC #2669, Acct Name: American Bar Endowment Gift Processing Account, Account Number: 26-29835  
 Bonds — Book Entry GNMA Deliveries (Item(s) # \_\_\_\_\_) — wire to: The Northern Trust Company, DTC #2669, Acct Name: American Bar Endowment Gift Processing Account, Account Number: 26-29835

### Grants or Contributions From Other Charitable Organizations

(Dollar Amount) \$ \_\_\_\_\_ Name of Charitable Organization \_\_\_\_\_

To initiate grant recommendation at private foundation or other donor-advised fund program with ABE as the beneficiary, see transfer instructions above depending on asset to be used.

### Investment Strategy

This contribution will be invested with Northern Trust Corporation in the Balanced Strategy unless you indicate otherwise.

- The Aggressive Growth Strategy  The Growth Strategy  
 The Conservative Strategy  Short-Term Strategy

### Signature

Donor \_\_\_\_\_ Date \_\_\_\_\_

### Critical Calendar Year Tax Dates

- Initiate restricted securities and mutual fund transfers by December 1.
- ABE must receive all wires on or before December 31.
- U.S. mail must be post marked on or before December 31.
- FedEx must arrive at ABE on or before December 31.
- Transfer of a grant from another charitable organization depends on grant distribution requirements for the particular organization.

### Next Steps

1. Fax, mail, or FedEx this signed form to: American Bar Endowment, 321 North Clark Street, Chicago, IL 60654-7648 (phone) 1-800-621-8981 (fax) 1-312-988-6401
2. A receipt for the contribution will be mailed to the Donor listed on the account.



AMERICAN BAR ENDOWMENT  
*Insuring your life's needs. Advancing your life's work.*

321 North Clark Street  
Chicago, IL 60654-7648

CGF@abendowment.org  
• 1-800-621-8981 •  
<http://www.abendowment.org>