ABE Charitable Gift Account Application Specific Donee Fund Account



This account application is the initial step in establishing a Specific Donee Fund 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.

Identify the primary Donor.	
Donor Name	
Social Security Number	Date of Birth (mm/dd/yyyy)
Address	Date of Bitti (IIIII/dd/yyyy)
City	State Zip Code
Home Phone	Business Phone (optional)
E-mail Address	Dusiness i none (optional)
	sions of name was idiag the same information on various above
Up to three additional Donors may contrib	piece of paper providing the same information as requested above. Let ute to the account.
Account Name	
Give the account a name for use in correspondentiable goals; for example, the Smith Fando not use the term "Foundation" as part of	ndence and for publications. You may want the name to reflect you nily Charitable Fund or the Charles Jones Educational Fund. Please the name.
Full Name of the Account	
Fill in the following fields to the best of you	ur knowledge. You can change this information at any time.
Original Advisors (optional)	
Donors can name one or more advisors to s	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 as by naming one or more individuals as successions.	dministered upon the death of the account's last surviving Donor essors 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 success responsibility for the account, or if allowed Gift Fund, to split the account into several	ssor, indicate whether you want these individuals to share the pursuant to the Policies and Procedures of the ABE Charitable accounts — one for each successor.
☐ Shared Account ☐ Split Account (Please list ac	dditional advisors and successors on a separate piece of paper and attach.)
or a portion of any remaining assets in your	naritable organizations that you wish to receive the proceeds of al account upon your death, incapacity, or other disqualification. You be transferred to ABE's Charitable Legacy Fund.
Specific Donee Information	
To honor the Donor's charitable intent, AB	o make recurring grants to a predetermined charitable institution E asks the Donor to name a charity as well as the frequency and the must be a public charity classified under section 501(c)(3) and the control of the
Name of organization	Federal Tax ID number (if known)
Address	
City	State Zip Code
Phone	
Contact person at organization (if known)	Contact person's phone (if known)
Frequency of grant (Semi-annually or annually)	Size of each grant (must be greater than \$250
Cignoture	AD

Date

Donor

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Please Check Type of Contr	ibution(s) (minimum of \$5,000 for new accounts; \$500	for existing accounts)	
□ Cash			
☐ Securities (stocks, bonds,	mutual funds)		
☐ Grant from other donor-ad	vised fund program or private foundation (please identify	below)	
Please fill in the info	rmation below depending on the type of o	contribution.	
Cash Contributions			
Please provide the fol	lowing information so the contribution can	be identified when the transf	er is complete.
(Dollar Amount) \$	Financial Institution (where cash is held)		
☐ Check — make out and ma☐ Wire Transfer — to: The N	d follow transfer instructions: ail to the American Bar Endowment, 321 North Clark Street lorthern Trust Company, ABA #071000152, ATTN: Maste ME: American Bar Endowment		061000,
Security Contributions			
Please provide the fo	llowing information so the contribution ca	an 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
□ Mutual funds (Item(s) # □ Security with restrictions (□ Security is unrestricted and D Processing Account, Account □ Security is unrestricted an □ Endowment, 321 North Cl power form. □ Bonds — Fed Book Entry (It Account, Account Number: 2 □ Bonds — Book Entry GNMA Gift Processing Account, Account, Account, Account, Account, Account Number: Account Processing Account, Account Processing Processing Account Processing Proce	d held as physical certificates (Item(s) #) — lark Street, Suite 1400, Chicago, IL 60654-7648. Please tem(s) #) — wire to: The Northern Trust Company 6-29835 Deliveries (Item(s) #) — wire to: The Northern Trust Company ount Number: 26-29835 n Other Charitable Organizations Name of Charitable Organization	extension 6408 st Company, DTC #2669, Acct Name: Americ - send certificates and stock power form call 800-621-8981, extension 6408 to r, DTC #2669, Acct Name: American Bar End rust Company, DTC #2669, Acct Name: American	n to: American Bar request a stock dowment Gift Processing erican Bar Endowment
	mmendation at private foundation or othe transfer instructions above depending on a		n with ABE as
Investment Strategy			
This contribution wil indicate otherwise.	I be invested with Northern Trust Corpo	ration in the Balanced Strat	tegy unless you
☐ The Aggressive Growth Str	ategy		
☐ The Growth Strategy			
☐ The Conservative Strategy			
☐ Short-Term Strategy			

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, Suite 1400, 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.



CGF@abendowment.org 1-800-621-8981 www.abendowment.org