

Giving Fund Application

Please complete this application and send it to us via email at Operations@impactassets.org or mail at **7315 Wisconsin Ave, Suite 1000W, Bethesda, MD 20814.**

Donors

The Donors of the account have full and equal rights to recommend grant distributions and to elect the successors of the account. There can be more than two Donors. *(Please attach additional sheets if necessary.)*

Donor #1 (Primary recipient for all account communication)

Mr. Mrs. Ms. Dr. Other

Donor #2

Mr. Mrs. Ms. Dr. Other

Name (First, Middle, Last)

Name (First, Middle, Last)

Social Security No.

Date of Birth

Social Security No.

Date of Birth

Home Address (must not contain P.O. Box)

Home Address (must not contain P.O. Box)

City

State

Post Code

City

State

Post Code

Business Phone

Home Phone

Business Phone

Home Phone

Email

Mother's Maiden Name

Email

Mother's Maiden Name

Donor Notifications

You will receive email notifications that your statement is available for download unless you check the box(es) below to receive paper statements.

Donor 1: I wish to receive paper statements instead of electronic.

Donor 2: I wish to receive paper statements instead of electronic.

Giving Fund Account Name

Please choose a name for your Giving Fund account. You can name it after yourself, your family, or your cause (for example, "The Castillo Family Philanthropy Fund for Land Conservation"). All outgoing correspondence regarding your account will include the account name and the name and address of the primary Donor(s), unless you request anonymous correspondence.

Giving Fund Account Name

Please use this section to indicate a Donor mailing address different than home address:

Donor #1

Donor #2

Mailing Address

Mailing Address

City State Post Code

City State Post Code

Advisors

If you currently are working with a professional advisor (e.g., financial advisor, CPA, attorney), would you like to give him/her access to your account? There can be more than one advisor.

(Please attach additional sheets if necessary.)

Y N (If NO, please move on to the Contribution Section.)

Advisor Name

Title

Firm

Mailing Address

City

State

Post Code

Email

Daytime Phone

Advisor Notifications

Your advisor will receive email notifications that your statement is available for download unless you check the box below to receive paper statements.

My advisor wishes to receive paper statements instead of electronic.

Select whether your advisor should have Full or Read Only Access.

Full Access; Read Only

Professionally Managed Account Option

Professionally Managed Accounts (Available for Accounts with balances of \$500,000 or higher): Accounts with balances of \$500,000 or higher can nominate their own independent advisor to develop custom investment strategies. If you would like to participate in the Professionally Managed Account program, please check this box.

Contribution Section

Initial Contribution

Please note that the minimum initial contribution is **\$5,000**. Please contact us at **855-482-2946** if you plan to contribute physical share certificates, real estate or other property or non-traditional assets.

For Cash Contributions

\$ _____

(Please make check payable to ImpactAssets and mail it with the completed Giving Fund Application)

Check

\$ _____

Wire

Bank of Origination

Wire Instructions: Please contact ImpactAssets at Operations@impactassets.org or 855-482-2946 for wire instructions.

For Securities or Mutual Fund Contributions

To ensure your account is properly credited:

- Complete the **Letter of Instruction (LOI)**.
- Send the **Original LOI** with Medallion Signature Guarantee to **the firm currently holding the securities**. *(The Medallion Signature Guarantee may not be required by all securities firms in order to initiate your transfer. You should contact your particular firm for their requirements. If required, a Medallion Signature Guarantee can be obtained at most financial institutions.)*
- Send a **Copy of the LOI** along with this completed application to ImpactAssets before initiating a securities transfer.

Approximate Value of Transferred Securities

Broker Name

Firm Name

ImpactAssets Brokerage Account Information:

DTC#: 0164, Code 40

Custodian: Charles Schwab & Co, Inc.

Beneficiary Account Name: ImpactAssets Inc.

Beneficiary Account Number: 7835-8108

Succession Plan Section

Donors have the option of:

1. Supporting ImpactAssets' fund, which will be used to create jobs, preserve the environment, promote sustainable development, improve healthcare, build homes, and change lives worldwide
2. Electing individuals to succeed them on the account with full rights as Donors,
3. Or, recommending charitable organizations to receive the remaining assets, as the beneficiary upon the death, incapacity or other disqualification of ALL Donors of the account.

Note: You may choose a combination of all three (total must equal 100%). If no option is selected, the succession plan will default to Option (1). Refer to the Program Circular for details. A Donor can change this election at any time by notifying ImpactAssets in writing.

1. I would like to name ImpactAssets as the beneficiary of the Giving Fund account.

% of Giving Fund Account Value

2. I would like to name the following individual(s) as beneficiaries of the Giving Fund account.

Please select one of the following options to determine how the account will be held by the successor(s):

Person(s) named below succeeds the account with full rights as Donor(s).

Please Note: Will default to this option if neither is selected.

Persons named below split the remaining, undistributed assets establishing separate accounts (\$5,000 minimum/account) with full rights as Donor(s).

Successor #1

Successor #2

Name (First, Middle, Last)

Name (First, Middle, Last)

Social Security No.

Date of Birth

Social Security No.

Date of Birth

Home Address (must not contain P.O. Box)

Mailing Address

City

State

Post Code

City

State

Post Code

Email

Daytime Phone

Email

Daytime Phone

% of Giving Fund Value

% of Giving Fund Value

3. I would like to name the following Charitable Organizations as beneficiaries of my Giving Fund account. Consider the below-named organizations (Must be 501(c)(3) U.S.-based Public Charities) as recommended grant recipients upon the death or legal incapacity of all Donors.

(Please list additional organizations and percentages on a separate page.)

Organization #1

Organization #2

Organization

Organization

Federal Tax ID

Phone

Federal Tax ID

Phone

Mailing Address

Mailing Address

City

State

Post Code

City

State

Post Code

% of Giving Fund Value

% of Giving Fund Value

Investment Allocation Section

You may recommend your account be allocated across any of the following Portfolio Investment Options or Choose Your Own Allocation Options. Percent allocations should total 100%. Please refer to the Program Circular and Investment Supplement before making your selections.

Note: Contributions will be allocated to the Liquid Impact Portfolio if you do not recommend an allocation.

ImpactAssets Impact Portfolio Investment Options

- ___% **Liquid Impact Portfolio:** Investment Horizon: 0-12 Months; Cash equivalents and short-term fixed income.
 - 95% Cash/Cash Equivalents • 5% Private Debt
- ___% **Conservative/Short-term Portfolio:** Investment Horizon: 1-3 Years; U.S. short-term bonds and higher yielding private debt.
 - 25% Cash/Cash Equivalents • 50% Public Debt • 25% Private Debt
- ___% **Moderate/Mid-term Portfolio:** Investment Horizon: 3-5 Years; Balanced portfolio of global stocks, bonds and private debt.
 - 5% Cash/Cash Equivalents • 30% Public Debt • 40% Public Equity
 - 25% Private Debt
- ___% **Aggressive/Long-term Portfolio:** Investment Horizon: 5-7 Years; Diversified investment portfolio of global stocks, bonds and private debt & equity.
 - 3% Cash/Cash Equivalents • 14% Public Debt • 50% Public Equity
 - 12% Private Debt • 14% Private Equity • 7% Real Estate
- Choose Your Own Allocation**

Choose Your Own Allocation:

Choose your own allocation by entering the % of the total account next to each option. Please see the Investment Supplement for a description of each investment selection.

___% Calvert Foundation Women Investing in Women Initiative “WIN-WIN”

___% ImpactAssets Community Investment Pool

___% ImpactAssets Liquid Impact Portfolio

Equity

___% Calvert Small Cap

___% Calvert U.S. Large Cap Core Responsible Index

___% DFA U.S. Sustainable Core 1 Fund

International Equity

___% DFA International Sustainable Core 1 Fund

___% PAX MSCI International ESG Index Fund

Fixed Income

___% Access Capital Community Investment Fund

___% Calvert Short Duration Income

___% Calvert Bond Portfolio

Thematic

___% SPDR MSCI ACWI Low Carbon Target ETF

___% Versus Capital Multi-Manager Real Estate Income Fund

___% **Total Allocation**

Private Debt & Equity “Direct Impact” Investment Options (with additional fees)

Investment options, returns and fees vary. Check the boxes below for additional information on current availability of a Direct Impact Investment Option. The allocations indicated above will be applied proportionally to 100% of the assets not invested in Direct Impact Investments.

- Global Impact Ventures Platform:** Private Debt & Equity funds that seek to generate significant social and environmental impact. (\$25,000 minimum recommendation.)
- Seed Ventures Platform:** Seed-stage impact ventures seeking capital to start or grow their businesses. (\$2,500 minimum recommendation.)
- Custom Investments:** Donors source and recommend direct investments in private mission-driven businesses, impact funds and nonprofit organizations. (\$25,000 minimum recommendation.)

- Please contact me to discuss Private Debt & Equity “Direct Impact” Investment Options.**

Preferred Email

Preferred Phone

Signatures

I acknowledge that I have read the Program Circular and agree to the terms and/or conditions described therein. I understand that any contribution, once accepted by ImpactAssets, represents an irrevocable contribution and is not refundable to me. I hereby certify that, to the best of my knowledge, all information presented in connection with this application is accurate, and I will promptly notify ImpactAssets in writing of any changes. (Please attach any additional donor signatures.)

Donor 1 Signature

Name (Please Print)

_____/_____/_____
Date

Donor 2 Signature

Name (Please Print)

_____/_____/_____
Date