

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.**

Authorized Officer

Identify the individuals who are authorized to view fund information, and recommend grants/investment allocations on behalf of the organization. Authorized Officers 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 Authorized Officers. *(Please attach additional sheets if necessary.)*

Authorized Officer (Primary recipient for all account communication)

Mr. Mrs. Ms. Dr. Other

Secondary Officer

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

Home Office 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

Account Notifications

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

- Authorized Officer:** I wish to receive paper statements instead of electronic.
 Secondary Officer: 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

GE525A

AUGUST 2016

Foundation/Company/Organization Information

Organization Name	Primary Telephone		
Mailing Address	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

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 authorized officer signatures.)

_____	_____	____/____/____
Authorized Officer Signature	Name (Please Print)	Date

_____	_____	____/____/____
Secondary Officer Signature	Name (Please Print)	Date