



PERSONAL GIVING ACCOUNT APPLICATION

DONOR INFORMATION AND NEXT STEPS

Please complete application form. Refer to the Personal Giving Account Program Description or contact the Bradley Impact Fund if you have any questions about this application.

After you complete this application, a Bradley Impact Fund representative will arrange an in-person meeting with you. At that time, we will discuss your donor intent. After your application and initial contribution are processed, you will receive login information for our donor portal. We look forward to working with you.

DONOR/ADVISOR #1

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other _____ ☐ Please send this person statements.

Name of Individual or Organization: _____

Relation to Donor/Advisor(s) #2: _____

Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

☐ Use this primary mailing address for all mailed correspondence.

Seasonal Mailing Address: _____

City: _____ State: _____ Zip: _____

When to use this address: _____

Cell Phone: _____

Business Phone: _____

Home Phone: _____

Email (required for online access): _____

☐ Use this email address for all email correspondence.

I prefer to be contacted by (check all that apply): ☐ Phone Call ☐ Text ☐ Email ☐ Mail

DONOR/ADVISOR #2

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other _____ ☐ Please send this person statements.

Name of Individual or Organization: _____

Relation to Donor/Advisor(s) #2: _____

Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

☐ Use this primary mailing address for all mailed correspondence.

Seasonal Mailing Address: _____

City: _____ State: _____ Zip: _____

When to use this address: _____

Cell Phone: _____

Business Phone: _____

Home Phone: _____

Email (required for online access): _____

☐ Use this email address for all email correspondence.

I prefer to be contacted by (check all that apply): ☐ Phone Call ☐ Text ☐ Email ☐ Mail

How Would You Like to be Addressed?

(e.g. Mr. and Mrs. Joseph E. Smith; Jill and Joseph Smith, etc. This is the name we will provide to charities that receive grants from your Personal Giving Account, unless you request anonymity.)

Name of Personal Giving Account

(e.g. Smith Family Charitable Fund. This name will appear on each grant letter and check, unless you request it be withheld.)

Initial Contribution

(Please describe the assets comprising the initial contribution to establish the Account, including approximate value.) \$5,000 minimum value required.

SUCCESSOR ADVISOR INFORMATION

You may name one or several individuals to succeed you as Successor Advisor of this Fund. If more than one individual is listed below, please determine who is the Primary and Contingent Successor Advisor or if they have Equal responsibility. If there are more than two persons, person indicate if they are a Committee and who is the Spokesperson and who is a Member. Attach additional sheets if necessary. **If you do not wish to name a Successor Advisor, skip to next section.**

SUCCESSOR GRANT ADVISOR #1

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

☐ Please send this person statements.

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Business Phone: _____

Home Phone: _____

Email Address (required for online access): _____

Date of Birth: _____

☐ Provide online access

Maximum Annual Grant Amount Allowed (Minimum of \$50.00 if provided.): _____

Maximum Percentage of Value Allowed per Grant: _____

Limits the percentage of the fund value that can be granted based on the grant advisor's recommendation.

Maximum Dollar Amount Allowed per Grant: _____

☐ Primary ☐ Contingent ☐ Equal ☐ Committee Spokesperson ☐ Committee Member

SUCCESSOR GRANT ADVISOR #2

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

☐ Please send this person statements.

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Business Phone: _____

Home Phone: _____

Email Address (required for online access): _____

Date of Birth: _____

☐ Provide online access

Maximum Annual Grant Amount Allowed (Minimum of \$50.00 if provided.): _____

Maximum Percentage of Value Allowed per Grant: _____

Limits the percentage of the fund value that can be granted based on the grant advisor's recommendation.

Maximum Dollar Amount Allowed per Grant: _____

☐ Primary ☐ Contingent ☐ Equal ☐ Committee Spokesperson ☐ Committee Member

INTERESTED PARTY

You may designate interested parties who may access your account but not act or make changes to the account. **Skip to next section if you do not wish to designate interested parties.**

INTERESTED PARTY #1

☐ Is organization ☐ Financial Advisor ☐ Assistant ☐ Other _____

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Business Phone: _____

Home Phone: _____

Email Address (*required for online access*): _____

Birth Date (*Format: mmddyyyy*): _____

☐ Please send this person statements.

INTERESTED PARTY #2

☐ Is organization ☐ Financial Advisor ☐ Assistant ☐ Other _____

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Business Phone: _____

Home Phone: _____

Email Address (*required for online access*): _____

Birth Date (*Format: mmddyyyy*): _____

☐ Please send this person statements.

INVESTMENT OPTIONS

Please choose from the following Investment Options (see below for Bradley Impact Fund Portfolios' Asset Allocation):

Short Duration _____ %

Moderate Income _____ %

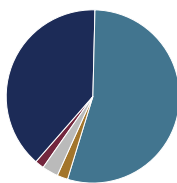
Moderate Growth & Income _____ %

Aggressive Growth _____ %

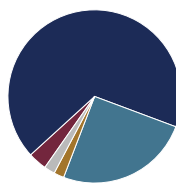
BRADLEY IMPACT FUND PORTFOLIOS: ASSET ALLOCATION



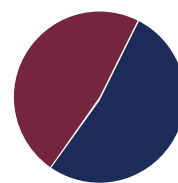
Aggressive Growth



Moderate Growth & Income



Moderate Income



Short Duration

ASSET CLASS	%	%	%	%
Cash Alternatives	1.6%	1.7%	3.5%	47.8%
Fixed Income	5.0	39.0	67.4	52.2
Equity	91.4	54.4	25.1	0.0
Real Assets	2.0	2.0	1.9	0.0
Alternative Investments	0.0	3.0	2.0	0.0
Other	0.0	0.0	0.0	0.0
Total Portfolio	100%	100%	100%	100%



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SIGNATURE

I have read and agree to the Bradley Impact Fund Personal Giving Account terms and conditions. I understand that grants from this Account may not be used to satisfy pledges. I understand that the Bradley Impact Fund Board of Directors reserves the right to modify the Personal Giving Account Program, as it deems necessary.

I hereby certify that to the best of my knowledge all information presented in connection with this application is accurate, and I will notify the Bradley Impact Fund promptly of any changes.

Donor/Advisor #1 Signature _____ Date _____

Donor/Advisor #2 Signature _____ Date _____