

# New Account Application



## Section 1: Name Your Account

Please create a name for your Bluefin Philanthropic account. The name can reflect the nature of your charitable mission or include individual or family names (i.e., The Smith Family Charitable Fund, The Smith Family Foundation, or The Smith Fund for Education). With each grant recommendation, you may elect to be acknowledged by account name or indicate an anonymous donor.

**ACCOUNT NAME:** \_\_\_\_\_

## Section 2: Donor Information

All donors named on the account have full and equal privileges. There can be up to four account holders, with one person serving as the Primary Account Holder to whom all correspondence will be sent. Attach additional sheets, if necessary.

### PRIMARY DONOR

Mr.  Mrs.  Ms.  Miss  Dr.  Corporation  Other: \_\_\_\_\_  
Name (First) (Middle Initial) (Last) Suffix (Optional)

Date of Birth: \_\_\_\_\_  
Social Security Number

Home Address (no P.O. boxes or "in care of" addresses allowed)

Phone

City State Zip

Email

### ADDITIONAL DONOR

Mr.  Mrs.  Ms.  Miss  Dr.  Corporation  Other: \_\_\_\_\_  
Name (First) (Middle Initial) (Last) Suffix (Optional)

Date of Birth: \_\_\_\_\_  
Social Security Number

Home Address (no P.O. boxes or "in care of" addresses allowed)

Phone

City State Zip

Email

**Attach extra sheets for additional donors.**

## Section 3: Successor Election

If you name a joint donor-advisor, this person assumes all rights of the primary donor-advisor upon death or incapacitation. Otherwise the successor(s) provided here will assume all rights of the primary and/or joint donor-advisor. Successor information may be changed at any time by submitting a written request.

Mr.  Mrs.  Ms.  Miss  Dr.  Corporation  Other: \_\_\_\_\_  
Name (First) (Middle Initial) (Last) Suffix (Optional)

Date of Birth: \_\_\_\_\_  
Social Security Number

Home Address (no P.O. boxes or "in care of" addresses allowed)

Phone

City State Zip

Email

Alternatively, you may also recommend U.S.-based 501(c)(3) public charities to receive part or all of the account balance.

Charitable Organization Name

Federal Tax ID (if known)

Full Address

You may specify more than one successor for each option (attach additional sheets), and you may choose any combination of the two successor options (successor allocation among the two options must total 100%).

### Section 4: Initial Contribution

An initial contribution is required of \$5,000 or more. Check which method you will be using to make your initial contribution:

Approximate Value (\$): \_\_\_\_\_  Check  Wire  Cash Transfer  Securities Transfer  Other: \_\_\_\_\_

Funding instructions provided upon funding selection. Donating shares held under a year may impact your deduction. Consult with your tax advisor.

### Section 5: Investment Allocation

Please recommend an asset allocation for your account. If you are unsure, please see our Investor Questionnaire. You may choose a predefined investment allocation or create your own strategy. The total must equal 100 percent.



Asset Allocation	Conservative	Moderate Conserv.	Balanced	Moderate Growth	Growth
Equity	5-15%	15-35%	45-55%	60-75%	70-80%
Fixed Income	65-85%	60-75%	45-55%	15-35%	10-30%
Cash	10-20%	5-15%	5-10%	5-10%	0-10%

Investment Style Recommendation: \_\_\_\_\_

Custom Investment Style: Equity \_\_\_\_\_% Fixed Income \_\_\_\_\_% Cash \_\_\_\_\_%

### Section 6: Donor Acknowledgement

I acknowledge that I have received the Policies & Guidelines booklet and agree to the terms and conditions described therein. I understand that any donation, once accepted by Bluefin Philanthropic, represents an irrevocable donation and is not refundable. I hereby certify that, to the best of my knowledge, all information represented in connection with this application is accurate, and I will promptly notify Bluefin Philanthropic in writing of any changes.

Primary Donor Signature

Date

Additional Donor Signature (if applicable)

Date

Name (Please print)

Name (Please print)

Bluefin Philanthropic Fund, Inc. is a 501(c)(3) public charity. Contributions are tax deductible as allowed by law (Tax ID: 81-5130625). A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE WITHIN THE STATE, 1-800-435-7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Refer to: DTN2908880.



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