

# CREWE

FOUNDATION

## DAF ACCOUNT SETUP FORM

### 1] ACCOUNT HOLDER INFORMATION

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#### DONOR 1

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(First, Middle, Last)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

#### DONOR 2

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(First, Middle, Last)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

### 2] DONOR ADVISED FUND INFORMATION

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Desired Account Name \_\_\_\_\_

Correspondence Name \_\_\_\_\_

Authorized Charitable Advisor \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Who is authorized to recommend grants)

Authorized Charitable Advisor Email \_\_\_\_\_ Location (City, State) \_\_\_\_\_

### 3] SUCCESSOR CHARITABLE ADVISOR

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(Who will take over as Charitable Advisor when you are gone?)

#### SUCCESSOR CHARITABLE ADVISOR 1

Name \_\_\_\_\_ Percentage of Direction \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Repeat, up to 5 additional (percentage must equal 100%)*

#### SUCCESSOR CHARITABLE ADVISOR 2

Name \_\_\_\_\_ Percentage of Direction \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### SUCCESSOR CHARITABLE ADVISOR 3

Name \_\_\_\_\_ Percentage of Direction \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### SUCCESSOR CHARITABLE ADVISOR 4

Name \_\_\_\_\_ Percentage of Direction \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### SUCCESSOR CHARITABLE ADVISOR 5

Name \_\_\_\_\_ Percentage of Direction \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 4] FINANCIAL ADVISOR

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#### FINANCIAL ADVISOR 1

Firm Name \_\_\_\_\_ Advisor Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

*Repeat, up to 2 additional (percentage must equal 100%)*

**FINANCIAL ADVISOR 2**

Firm Name \_\_\_\_\_ Advisor Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**5] CHARITABLE GOALS**

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Areas of Charitable Focus \_\_\_\_\_

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Anticipated Annual Charitable Grant % \_\_\_\_\_  
(5% minimum required)

**6] SIGNATURE**

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Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_