



FUND INVESTMENT SUGGESTION FORM

Minimum balance of \$250,000 (for non-endowed Donor Advised Fund)

FUND NAME: _____

You may choose to allocate fund assets among the six pools listed below, plus the TCF Investment Pool. You may choose one or a combination of **no more than three** of the following fund options. Our Finance Committee will review your suggestion at their next meeting following receipt of your Suggestion Form. If approved by the Finance Committee, the investment will be made within three (3) business days, and you will receive confirmation with your next statement. If you do not specify investment pool(s), the Fund will be allocated to the TCF Cash Pool.

Please specify your suggested allocation in 10% increments.

_____ % **Growth and Income Pool** (100% Equity)

_____ % **S&P 500 Index Pool** (100% Equity)

_____ % **Balanced Pool** (Equity/Bond)

_____ % **International Pool** (International Equity)

_____ % **Income Pool** (100% Bond)

_____ % **TCF Cash Pool** (100% Cash/Cash Equivalent)
(Allocation percentage must be a minimum of 10%)

_____ % **TCF Investment Pool**
(Percentage may not exceed 90% of fund balance)

I understand there is a 1 year lock-up period from the date of investment for that portion of my fund balance invested in the TCF Investment Pool. _____ (initial)

100 % **Total** (must equal 100%)

FUND ADVISOR'S NAME
(PLEASE TYPE OR PRINT): _____

SIGNATURE: _____

DATE: _____

**Mail completed form to The Community Foundation,
245 Riverside Avenue, Suite 310 Jacksonville Florida 32202**

THE COMMUNITY FOUNDATION APPROVAL OF SUGGESTION:

- Approved
- Not approved
- Modified, as follows: _____

By Finance Committee on _____, 20____