

DONOR INFORMATION

DONOR 1

Donor's name

Daytime phone number

Address

Social Security or tax ID number

City, state and zip

Birth date

DONOR 2

Donor's name

Daytime phone number

Address

Social Security or tax ID number

City, state and zip

Birth date

HOW DO YOU LIKE TO BE ADDRESSED IN CORRESPONDENCE TO YOU? For example, do you prefer "Mr. and Mrs. John Smith" or "John and Jane Smith?"

DONOR'S ACCOUNT TITLE – You may select any title for the account you wish, and you may include your name or any other name in the title. (For example, "John Smith Memorial Fund.") Your account will be titled "The (Donor/Joint Donor) Family Foundation" unless you specify otherwise.

TO BE COMPLETED BY FINANCIAL ADVISOR

DONOR'S FINANCIAL ADVISOR

Name of donor's Financial Advisor

Speed dial

Branch number

Representative number

INCOME BENEFICIARY(IES) – You may select one or two people to receive the income generated by your account (e.g., you and your spouse, you and your child, your spouse and your sibling, etc.). Once you’ve determined the beneficiaries, please complete all information below.

FIRST INCOME BENEFICIARY –

If Donor 1 is also the first income beneficiary, check here and do not fill out the information for the first income beneficiary.

Donor’s name

Daytime phone number

Address

Social Security or tax ID number

City, state and zip

Birth date

SECOND INCOME BENEFICIARY –

If Donor 2 is also the second income beneficiary, check here and do not fill out the information for the second income beneficiary.

Donor’s name

Daytime phone number

Address

Social Security or tax ID number

City, state and zip

Birth date

If there are two income beneficiaries, select ONE of the following:

- Concurrent payments (Each will receive half of the monthly income for their joint lives with the survivor receiving all the monthly income thereafter for his or her life.)
- Consecutive payments (The first income beneficiary will receive all the monthly income for his or her life, then the second income beneficiary will receive all the monthly income for his or her life)

NOTE:

If you designate yourself to be the first income beneficiary and the second income beneficiary's right to income is consecutive, you may reserve the right to revoke the income interest of the second income beneficiary through your will. Failure to reserve this right will cause you to make a taxable gift for federal gift tax equal to the present value of the second income beneficiary's future income interest.

IT IS HIGHLY RECOMMENDED THAT, IF YOU NEED TO REDUCE YOUR GIFT OR ESTATE TAX LIABILITY, YOU RESERVE THE RIGHT TO REVOKE BY SIGNING THE STATEMENT BELOW:

I/We hereby retain the power, exercisable only by will, to revoke the income interest of the successor beneficiary designated by me/us.

Donor 1 signature

Donor 2 signature

ESTATE TAXES – No estate, inheritance, successor or other death taxes on an interest in the Fund attributable to the property transferred by the donors shall be allocated to or recoverable from the property transferred or from the Fund. I hereby impose upon my estate the obligation to pay any such taxes from sources other than the Fund. These provisions may be enforced by the trustee of the Fund or by The Raymond James Charitable Endowment Fund.

INITIAL CONTRIBUTION – (Minimum: \$20,000) \$ _____

Check payable to Raymond James Pooled Income Funds.
Securities – please see the enclosed How to Make a Pooled Income Funds Contribution.

I hereby transfer to:

- THE RAYMOND JAMES POOLED INCOME FUND Number 1 –
Income Objective which seeks income and the preservation of capital; growth of capital may or may not be sought and will always be secondary

- THE RAYMOND JAMES POOLED INCOME FUND Number 2 –
Income with Growth Objective seeks to emphasize income and the preservation of capital over the growth of capital; growth will be an ever present, but secondary, consideration

in accordance with the terms and conditions set forth in its Trust Agreement dated December 1, 2000, the property listed on the attached Forms.

BENEFICIARY RECOMMENDATION

Upon the deaths of the income beneficiaries named prior, the value of the units attributable to the donors' donation (the "remainder interest") will be paid to the Raymond James Charitable Endowment Fund for its general uses and purposes. You, as the donor, may at anytime during your life or through your will, select choice A, recommending the establishment of an Endowment Fund account. You may also select choice B in order to have grant distributions made directly to other charitable organizations.

- A. I/We recommend that the remainder interest of my/our donation be used to establish an account in the Raymond James Charitable Endowment Fund, from which my/our designated donor advisor (set forth in the Donor Advisor Selection section) may recommend grant distributions be made to charitable organizations over time.

- B. I/We recommend that the Raymond James Charitable Endowment Fund distribute the value of the remainder interest of my/our gift it receives to the following tax-exempt charitable organizations. I/We understand that all recommendations are subject to the restrictions set forth in the Disclosure Brochure of the Raymond James Charitable Endowment Fund and the approval of the Raymond James Charitable Endowment Fund's Board of Directors.

You or any person designated by you may recommend to the Raymond James Charitable Endowment Fund the distribution of the remaining assets to eligible charitable organizations. You or your designee may make this recommendation at any time during your lives by completing the following section, signing in the appropriate place, and sending this form to the Raymond James Charitable Endowment Fund. You or your designee may change this recommendation by notifying the Trustee in writing, or you may indicate your recommendations in your will.

GRANTS to specific charities

Recommended charitable organization

1. _____	_____
Name of charity	Phone number
_____	_____
Address	Federal tax ID (if available)
_____	_____
City, state and zip	Percentage of remainder interest
2. _____	_____
Name of charity	Phone number
_____	_____
Address	Federal tax ID (if available)
_____	_____
City, state and zip	Percentage of remainder interest

DONOR ADVISOR SELECTION – Donors may elect individuals to recommend charitable organizations to receive the proceeds of the remainder interest of your Pooled Income Fund Account either immediately, or over time through the Raymond James Charitable Endowment Fund. This election can be changed by a donor at any time by resubmitting this form, which serves as a written request to the Directors of the Raymond James Charitable Endowment Fund. Refer to the Fund’s Disclosure Brochure for details.

DONOR ADVISOR(S) – A donor advisor may be (a) one or more individuals, including a spouse, relative or other individual, who have reached the age of 18, (b) a corporation or (c) a qualified charity.

1.	_____	_____
	Donor’s name	Daytime phone number
	_____	_____
	Address	Social Security or tax ID number
	_____	_____
	City, state and zip	Birth date

		Relationship to donor, if individual
2.	_____	_____
	Donor’s name	Daytime phone number
	_____	_____
	Address	Social Security or tax ID number
	_____	_____
	City, state and zip	Birth date

		Relationship to donor, if individual

If the above advisors will serve one after the other check here , but if the above advisors will serve jointly, check here . If there are joint advisors, each may make recommendations independent of the other(s).

Charitable Endowment Fund Accounts will be established with the same name and investment objective as your Pooled Income Fund Account, unless specified otherwise at any time in a letter of instruction by you or your donor advisor.

SIGNATURES

I acknowledge that I have received and read the Raymond James Pooled Income Funds Disclosure Brochure and agree to the terms and/or conditions described therein.

I understand that any contribution, once accepted by the trustee, represents an irrevocable contribution to Raymond James Pooled Income Funds 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 notify Raymond James Charitable Endowment Fund promptly of any changes.

Donor signature

Date

Donor signature

Date

Agreed: _____

Raymond James Trust Company, Trustee

By: _____

Raymond James Charitable Endowment Fund
P.O. Box 14407, St. Petersburg, FL 33733-4407
Toll-free: 866-OUR-FUND (687-3863) • Fax: 727-575-5738.