

DONOR INFORMATION

Donor's name

Address

City, State, Zip

Social Security or tax ID number

Home phone number

Other

JOINT DONOR INFORMATION

Donor's name

Address

City, state and zip

Social Security or tax ID number

Home phone number

Other

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

DONOR'S ACCOUNT TITLE - You may select any reasonable 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. _____

PLANNED CONTRIBUTION - (Minimum: \$10,000)

BY WILL

Specific Bequest of \$ _____ or _____ asset (public securities only)

Residual Bequest of _____%

PURSUANT TO MY REVOCABLE LIVING TRUST

Specific Bequest of \$ _____ or _____ asset (public securities only)

Residual Bequest of _____%

REMAINDER BENEFICIARY OF _____% OF A CHARITABLE REMAINDER TRUST

Beneficiary designation can be changed

Beneficiary designation cannot be changed (attach copy of trust)

BENEFICIARY OF MY IRA ACCOUNT NUMBER _____

Raymond James & Associates, Inc. IRA

_____ IRA

BENEFICIARY OF ANNUITY CONTRACT issued by _____

with policy number _____

BENEFICIARY OF LIFE INSURANCE POLICY issued by _____

with policy number _____

RECOMMENDED INVESTMENT OF INITIAL CONTRIBUTION – I/We request our contribution be invested as follows:

FOR CONTRIBUTIONS UNDER \$500,000:

Please check one.

- Money Market objective – Seeks the preservation of capital and the production of income exclusively through investment in a money market mutual fund investing in the highest quality, very short-term debt instruments.
- Income objective – Seeks income and capital preservation primarily through the use of a portfolio of corporate and U.S. Government bonds.
- Income with growth objective – Seeks to preserve capital and provide a growth component through the use of corporate and U.S. Government bonds and a modest portfolio of diversified common stocks.
- Balanced objective – Seeks to provide a balanced allocation of growth and income-producing investments.
- Growth with income objective – Seeks growth by combining the growth objective with a modest portfolio of corporate and U.S. Government bonds.
- Growth objective – Seeks long-term growth of capital primarily by investing in a diversified portfolio of common stocks across the market capitalization and growth spectrums, including prudent exposure to international markets.

FOR CONTRIBUTIONS OF \$500,000 OR MORE :

For contributions of \$500,000 or more, you may select one (1) investment objective from the list above or choose from the following two investment approaches.

Please check one:

- I/We want to use the Raymond James Consulting Services approach.**
Complete and attach a Raymond James Consulting Services (RJCS) Investment Policy Questionnaire. Your financial advisor can provide you with this form as well as additional information about RJCS.

- I/We want to select from the separately-managed accounts listed below.**
From the list below, insert percentages in multiples of 5% for each of the assets you wish to have your contribution invested in. The total should equal 100%. (Total recommendation in any single managed fund must equal or exceed \$100,000, with the exception of Eagle Asset Management Special Fixed Income, which requires a minimum investment of \$350,000.)

ASSET CHOICES

ALLOCATION %

Eagle Asset Management U.S. Government Securities	_____ %
Sovereign Advisers, Inc. (High Quality Taxable/Intermediate Term)	_____ %
Eagle Asset Management (High Quality Taxable)	_____ %
Eagle Asset Management Special Fixed Income (Max. 20%)	_____ %
<i>NOTE: The EAM Special Fixed Income choice requires a minimum investment of \$350,000</i>	
Eagle Asset Management Equity Income (Max. 20%)	_____ %
Atlanta Capital Management Co., LLC (Large-cap Growth)	_____ %
Eagle Asset Management Large-cap Core Growth	_____ %
Davis Selected Advisers (Large-cap Value Blend)	_____ %
Eagle Asset Management (Large-cap Value Equity)	_____ %
Eagle Asset Management International Equity (Martin Currie) (Max. 20%)	_____ %
Lazard Asset Management (International Equity) (Max. 20%)	_____ %
Awad Asset Management, Inc. (Small-cap/Value) (Max. 20%)	_____ %
Eagle Asset Management Small/Mid-cap Equity (Max. 20%)	_____ %

Total=100%

DONOR ADVISOR OR FUTURE GRANT REQUESTS - After your planned gift is funded, you may request: 1) a Donor Advisor, as indicated below, be appointed, 2) periodic grants be made to specific, named eligible charities, or 3) periodic grants be made to eligible charities selected by the Raymond James Charitable Endowment Fund Board of Directors in one or more areas of charitable interest indicated below.

DONOR ADVISOR - I/we request that the following individual(s) serve as Donor Advisor(s). I/we understand joint Donor Advisors, each may make grant recommendations independent of the other(s).

DONOR ADVISOR #1

_____ Name	_____ Social Security or tax ID number
_____ Relationship to donor, if individual	_____ Birth date
_____ Address	_____ Home phone number
_____ City, state, zip	_____ Other

DONOR ADVISOR #2

_____ Name	_____ Social Security or tax ID number
_____ Relationship to donor, if individual	_____ Birth date
_____ Address	_____ Home phone number
_____ City, state, zip	_____ Other

NOTES: _____

GRANTS TO SPECIFIC CHARITIES - I/we request that the following charitable organizations receive grants, in perpetuity, as indicated below. I/we request the Raymond James Charitable Endowment Fund continue to make grants to any charitable organization that may from time to time succeed in interest to the organizations below. I/we request the Raymond James Charitable Endowment Fund to select, in its direction, a charitable organization with a substantially similar charitable mission should any charitable organization cease to exist with no successor in interest. I/we request the Raymond James Charitable Endowment Fund to use any recommended grant for any purpose within its charitable purpose should any charitable organization cease to exist, leaving no successor in interest or any substantially equivalent organization.

CHARITY INFORMATION

Name of charity

Charity Federal Tax ID number (if known)

Address

Contact name (if available)

City, state and zip

Contact e-mail address (if available)

Home phone number

Other

Grant Amount (Minimum: \$250) \$ _____ or _____%

I/we understand that a fixed dollar grant request could exhaust a donor advised account. I/we understand percentage distributions will be recomputed annually based on the value of the donor advised account at calendar year-end.

Grant Frequency:

- Distribute the amount above ANNUALLY every _____ (enter month)
- Distribute the amount above in equal SEMI-ANNUAL installments. (June and December)
- Distribute the amount above in equal QUARTERLY installments. (March, June, September and December)

GRANTS TO AREAS OF CHARITABLE INTEREST - I/we request the following grants to my/our areas of charitable interest as indicated below. I/we understand that the Raymond James Charitable Endowment Fund will select, from time to time, the specific charitable organizations within each area of charitable interest.

Areas of Charitable Interest - Please indicate the percentage (in multiples of 10%) the areas of charitable interest to which you would like the grant amount below distributed.

Aging	_____%	Disabilities	_____%	Hunger	_____%
Animal/wildlife protection	_____%	Disaster Relief	_____%	Mental Health	_____%
Children's health	_____%	Education	_____%	Performing arts	_____%
Child abuse prevention	_____%	Environmental protection	_____%	Poverty	_____%
Civil/human rights	_____%	Health	_____%	Rural concerns	_____%
Consumer protection	_____%	Homelessness	_____%	Women's Issues	_____%

Grant Amount: (minimum \$250) \$ _____ or _____%

I/we understand that a fixed dollar grant request could exhaust a donor advised account. I/we understand percentage distributions will be recomputed annually based on the value of the donor advised account at calendar year-end.

Grant Frequency:

- Distribute the amount above ANNUALLY every _____ (enter month)
- Distribute the amount above in equal SEMI-ANNUAL installments. (June and December)
- Distribute the amount above in equal QUARTERLY installments. (March, June, September and December)

SIGNATURES - I acknowledge that I have received and read Raymond James Charitable Endowment Fund and Disclosure Brochure and agree to its terms and/or conditions described therein. 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. **IMPORTANT: I understand that any contribution, once accepted by the Trustee, represents an irrevocable contribution to Raymond James Charitable Endowment Fund and is not refundable to my heirs.**

Donor Signature

Date

Joint Donor signature

Date

NOTES: _____

TO BE COMPLETED BY FINANCIAL ADVISOR

Name of Donor's Financial Advisor

Speed dial

Branch number

Representative number