



CHARITY ADVISED FUND APPLICATION

FUND INFORMATION

Name of Organization _____

Fund Name _____

Authorized Representative _____ Title _____

Authorized Representative _____ Title _____

Address _____

City _____ State _____ Zip _____

Work Phone (_____) _____ Email _____

DESCRIPTION OF FUND (maximum 100 words)

Contact Name if a donor has questions about the Fund _____

STATEMENT OF UNDERSTANDING

By completing and signing this application, we certify that we understand the nature of Charity Advised Funds and will conduct our activities in compliance with the regulations of the Internal Revenue Code. We will abide by the policies and conditions set forth by MB Foundation, which in some instances, exceed government requirements.

FUND ADVISORS

Authorized Representative Signature Date

Authorized Representative Signature Date

Print Name

Print Name



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Characteristics:

- The minimum disbursement is \$100 per transaction.
- The organization will receive a quarterly statement.
- Funds will be invested in our Money Market strategy.

Pricing Schedule for Services:

- Distributions from funds held for less than 30 days will be charged a 0.50% transaction fee per distribution.
- Distributions from funds held for more than 30 days will not be subject to any fee.

Online Account management:

Mbfoundation.com allows secure, efficient access to accounts 24/7. This service provides you the ability to view balances, statements and activity on the account.