



## Fund Holder Information & Account Directions

### Fund Information

**Fund Name** \_\_\_\_\_  
(Grants to charitable organizations will be identified as coming from this fund name.)

### Fund Holder Name(s)

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

### Initial Investment Strategy – One investment option

\_\_\_ iShares Core Aggressive Allocation ETF (Ticker: AOA)

\_\_\_ iShares ESG Aware Aggressive Allocation ETF (Ticker: EAOA)

## Fund Holder Communication

**Preferred mailing address.** Mail from the Community Foundation will be sent to this address. *(If different from above)*

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Other addresses:

Type: \_\_\_\_\_  
*(home, business, summer, winter, etc.)*

Type: \_\_\_\_\_  
*(home, business, summer, winter, etc.)*

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Effective dates: \_\_\_\_\_  
*(If applicable)*

Effective dates: \_\_\_\_\_  
*(If applicable)*

### Email:

We utilize an online portal for fund holders and send quarterly fund statements via email. We will use the primary email address listed below to set up your online portal. We also send occasional fund holder / community updates via email.

**Primary email address:** \_\_\_\_\_

**Secondary email address:** \_\_\_\_\_

## Charitable Interests

I/We are interested in the following charitable areas: *(circle those that apply)*

Aging	Early Childhood Development	Health	Other: _____
Arts & Culture	Education	Recreation	
Basic Human Needs	Environment	Youth	
Civic Engagement	Families	Women & Girls	

## Anonymity

Would you like your name(s) given to grantees? Yes \_\_\_ No \_\_\_

Would you like your address given to grantees to thank you directly? Yes \_\_\_ No \_\_\_

May we identify you as a donor to the Community Foundation? Yes \_\_\_ No \_\_\_

May we list your name(s) in Community Foundation publications? Yes \_\_\_ No \_\_\_

If yes, please indicate how you would like your name(s) to appear:

\_\_\_\_\_

## Additional information for Fund Holders

Subject to the terms of the fund agreement, the following persons are authorized to make distributions from my/our fund:

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to donor: \_\_\_\_\_

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to donor: \_\_\_\_\_

*After the lifetime(s) of the advisor(s), the Fund shall be:*  
(select one)

\_\_\_ maintained by the custodians named in our contract with the Community Foundation

\_\_\_ transferred to one of the Community Foundation's County Funds to support community needs:

\_\_\_ Archuleta County Fund

\_\_\_ La Plata County Fund

\_\_\_ Montelores County Fund

\_\_\_ San Juan County Fund

\_\_\_ added to the Community Foundation's unrestricted general fund

Special Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_