

OPEN A PALAU FOUNDATION DONOR-ADVISED FUND ACCOUNT

- ◆ Remember to have all Donors sign the completed application.
- ◆ To make a contribution, complete and attach applicable contribution forms.
- ◆ Mail your completed form to:
Palau Foundation for World Evangelism
1500 NW 167th Place, Beaverton, OR 97006



QUESTIONS? CALL DAVID JONES OR KEITH PALAU AT 503-614-1557

1 PROVIDE DONOR INFORMATION

Please note: Each Donor of an account, acting individually, has the authority to make contributions or nominate grants to charities.

Donor #1 (primary recipient for all account correspondence)

" Mr. " Mrs. " Ms. " Miss. " Dr.

Name (First) (Middle) (Last)	
Mailing Address (P.O. box may be used)	
City, State, Zip Code	
Home Telephone Number ()	Business Telephone Number ()
Email Address	
Social Security Number	
Date of Birth (mm/dd/yyyy)	Mother's Maiden Name

Donor #2 (optional)

" Mr. " Mrs. " Ms. " Miss. " Dr.

Name (First) (Middle) (Last)	
Mailing Address (P.O. box may be used)	
City, State, Zip Code	
Home Telephone Number ()	Business Telephone Number ()
Email Address	
Social Security Number	
Date of Birth (mm/dd/yyyy)	Mother's Maiden Name

2 DESIGNATE SUCCESSOR(S)

Donors have the option of *either* (1) naming individuals to succeed them as Donor-Advisors of the account, or (2) nominating charitable organizations to receive the remaining proceeds, or (3) leaving all proceeds in the Palau Foundation for World Evangelism. Please choose one of the three options below.

A. NAME INDIVIDUAL(S) AS SUCCESSORS.

You may name two individuals to succeed you with full rights as Donor-Advisors in accordance with the choices below. To add additional successors, please make a photocopy of this sheet.

Successor #1 (primary recipient for all account correspondence)

" Mr. " Mrs. " Ms. " Miss. " Dr.

Name (First) (Middle) (Last)	
Mailing Address (P.O. box may be used)	
City, State, Zip Code	
Home Telephone Number ()	Business Telephone Number ()
Social Security Number	Mother's Maiden Name
Date of Birth (mm/dd/yyyy)	Relationship to Donor

Successor #2 (optional)

" Mr. " Mrs. " Ms. " Miss. " Dr.

Name (First) (Middle) (Last)	
Mailing Address (P.O. box may be used)	
City, State, Zip Code	
Home Telephone Number ()	Business Telephone Number ()
Social Security Number	Mother's Maiden Name
Date of Birth (mm/dd/yyyy)	Relationship to Donor

Please select one of the following options to determine how Successor(s) may become Successor Donor-Advisor(s) upon the death, incapacity, or other disqualification of all Donors of the account:

- " Successor(s) named above succeed(s) to the account with full rights as Donor-Advisor(s).
- " Successor #1 named above succeeds to the account with full rights as Donor-Advisor. Successor #2 (and other named successors as applicable) is a Contingent Successor, and succeeds to the account only upon the death, incapacity, refusal to serve or other disqualification of Successor #1 (and other named successors as applicable).

OR

B. RECOMMEND CHARITABLE ORGANIZATION(S) AS BENEFICIARY(IES).

Donors may recommend to the Foundation up to four qualified tax-exempt organizations to receive the remaining proceeds upon the death, incapacity, or other disqualification of all Donors of the account provided they meet the Palau Foundation for World Evangelism’s core value of evangelism.

Charitable Organization #1

Organization
Federal Tax ID Number <i>(if known)</i>
Mailing Address <i>(P.O. box may be used)</i>
City, State, Zip Code
Telephone Number ()
Percentage of Donor-Advised or Dollar Amount

Charitable Organization #2

Organization
Federal Tax ID Number <i>(if known)</i>
Mailing Address <i>(P.O. box may be used)</i>
City, State, Zip Code
Telephone Number ()
Percentage of Donor-Advised or Dollar Amount

Charitable Organization #3

Organization
Federal Tax ID Number <i>(if known)</i>
Mailing Address <i>(P.O. box may be used)</i>
City, State, Zip Code
Telephone Number ()
Percentage of Donor-Advised or Dollar Amount

Charitable Organization #4

Organization
Federal Tax ID Number <i>(if known)</i>
Mailing Address <i>(P.O. box may be used)</i>
City, State, Zip Code
Telephone Number ()
Percentage of Donor-Advised or Dollar Amount

If additional beneficiary organizations are desired, please use additional forms.

*All recommendations of charitable beneficiaries are subject to the approval of the Foundation, in its complete discretion, at the time the gift would otherwise take effect. If the Foundation determines not to make the donation to one or two recommended charitable organizations, the entire balance will be donated to the other charitable organization. If the Foundation determines not to make the donation to either recommended charitable organization, the entire balance will remain in the Palau Foundation for disbursement in accordance with its grantmaking policies. All beneficiaries must have evangelism as one of their core organizational values.

OR

C. NAME THE PALAU FOUNDATION AS BENEFICIARY. (*default option*)

- " Donate remaining assets in the account to the Palau Foundation for disbursement in accordance with its grantmaking policies. Donation will occur upon the death, incapacity or other disqualification of all Donors of the account.

3 CHOOSE ACCOUNT NAME (*optional*)

Donors may recommend a name for their Donor-Advised Fund. Grants made to a charitable organization are accompanied by a letter acknowledging this account name (e.g., The Jones Family Fund) and/or the name of the Donor recommending the grant, unless anonymity is requested.

Account Name (*maximum 60 characters*)

4 AGREE TO TERMS

I hereby request that the Palau Foundation for World Evangelism (the "Foundation") open a Donor-Advised Fund Account as indicated above, which will constitute a donor-advised account of the Foundation. I understand that any contribution, once accepted by the Foundation represents an *irrevocable contribution* to the Foundation and is not refundable to me for any reason. I agree to read and be bound by the terms of the Donor-Advised Fund as applicable.

I understand that I may make recommendations concerning grants or awards to charitable organizations from the account. While the Foundation will give careful and thoughtful consideration to all such recommendations, I understand that final decisions concerning the investment of account assets and all grants or awards from the account will be made by the Foundation. I further understand that no recommended grants from the account may be used to discharge or satisfy a charitable pledge or obligation that is legally enforceable against me or any other person, or to pay for goods or services of value received by me or any other person. I further understand that the Foundation issues grants only to those charities that have evangelism as a core value.

If I am making a contribution close to year-end, I understand that, for tax purposes, the effective date of my contribution could be deemed to occur in the next calendar year.

If there is more than one Donor on the account, each Donor has authority acting individually and without notice to any other account Donor, to deal with the Foundation fully and completely as if the Donor is the sole account Donor and may make any changes to the account (besides removing other account Donors).

I hereby certify that, to the best of my knowledge, all information represented in connection with this application is accurate, and I will promptly notify the Foundation in writing of any changes.

SIGNATURES REQUIRED

All Donors of the account must sign below:

X Donor #1 Signature	Date:	X Donor #2 Signature	Date:
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