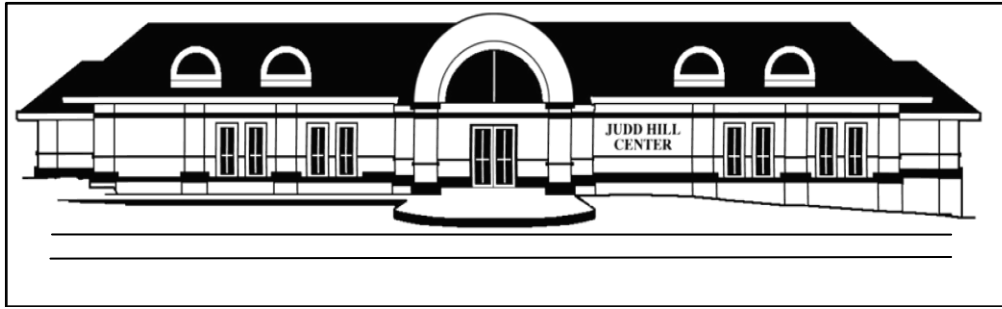


Arkansas State University Foundation, Inc.



Donor Advised Fund

Application

Today's date _____

Dr./Mr./Mrs./Ms. _____

SS # _____

Address _____

City/State/Zip _____

Phone: Business (_____) _____ Home (_____) _____

E-mail address (optional) _____ Date of birth (optional) ____/____/____

Donor/Founder 2

Dr./Mr./Mrs./Ms. _____

SS # _____

Address _____

City/State/Zip _____

Phone: Business (_____) _____ Home (_____) _____

E-mail address (optional) _____ Date of birth (optional) ____/____/____

Fund Name

Proposed name of the fund:

_____ Fund



Fund Advisors

Please list the primary advisor(s) to the fund (if different than founder(s)).

Dr./Mr./Mrs./Ms. _____

Address _____

City/State/Zip _____

Phone: Business (____) _____ Home (____) _____

E-mail address (optional) _____ Relationship to Founder(s) _____

Dr./Mr./Mrs./Ms. _____

Address _____

City/State/Zip _____

Phone: Business (____) _____ Home (____) _____

E-mail address (optional) _____ Relationship to Founder(s) _____

Recommended Investment Strategy

Please indicate which investment pool you recommend for your fund (choose only one).

Money Market

Diversified

Please sign and date:

Founder 1

Founder 2

Date

Date



Professional Advisors

To assist us in addressing any questions that may arise, please provide the name and contact information for your professional advisor(s) with whom you authorize us to discuss this matter.

Attorney:

Dr./Mr./Mrs./Ms. _____
Firm _____
Address _____
City/State/Zip _____
Phone (____) _____ Fax (____) _____ E-mail _____

Accountant:

Dr./Mr./Mrs./Ms. _____
Firm _____
Address _____
City/State/Zip _____
Phone (____) _____ Fax (____) _____ E-mail _____

Other Advisor (i.e., financial planner, insurance agent, investment broker)

Dr./Mr./Mrs./Ms. _____
Firm _____
Address _____
City/State/Zip _____
Phone (____) _____ Fax (____) _____ E-mail _____

Thank you. We look forward to working with you.

Arkansas State University Foundation, Inc.

Donor Advised Fund

Box 1990
State University, AR 72467
(870) 972-3362 or toll free 866-972-3362
Fax: (870) 972-3359
www.astatefoundation.org

