

ImpactAssets Donor Advised Fund Account Application

Please complete this application and email clientservice@impactassets.org to request a secure messaging link. For paper submissions,

please send the applica	ation to us at 434	0 East West Highway	, Suite 210, Beth	nesda, MD 2	20814.		,
Please indicate the nar	me of the ImpactA	Assets contact (if any)	that you have b	een workin	g with:		
Name of ImpactAssets	s Contact						
Authorize	ed Offic	er					
Identify the individual of the organization. A elect the successors onecessary.)	uthorized Office	rs of the account ha	ve full and equa	I rights to r	ecommend gran	nt distributions and	to
Authorized Officer (Primary recipient for all account communication)			Secondary Officer				
☐ Mr. ☐ Mrs. ☐ N	/ls.	Other	□Mr. □	Mrs. 🔲 N	ls. Dr. 0	Other	
Name (First, Middle, L	ast)		Name (First	, Middle, La	ist)		-
Social Security No.	Da	te of Birth	Social Secu	rity No.	Da	te of Birth	-
Home Address (must no	ot contain P.O. Box)		Home Addr	ess (must no	t contain P.O. Box)		-
City	State	Post Code	City		State	Post Code	-
Business Phone	Home Phon	е	Business Ph	one	Home Phon	e	-
Email	Mother's M	aiden Name	Email		Mother's M	aiden Name	-
Account Notif	fications						
You will receive email a statements. Statement statements. ImpactAss	ts are posted qua	rterly to our DonorW	eb portal. If you				
☐ Authorized Officer:	: I wish to receive	annual paper statem	ents instead of e	electronic.			
☐ Secondary Officer:	I wish to receive	annual paper stateme	ents instead of e	lectronic.			

GE525A **MARCH 2023**

ImpactAssets Donor Advised Fund Account Name

Please choose a name for your ImpactAssets Donor Advised Fund account. You can name it after yourself, your family, or your cause (for example, "The Castillo Family Philanthropy Fund for Land Conservation"). All outgoing correspondence regarding your account will include the account name and the name and address of the primary Donor(s), unless you request anonymous correspondence.

Equadation /Company	Organization Info	www.ation		
Foundation/Company/	Organization into	rmation		
Organization Name	Primary Telepho	ne		
Mailing Address	City	State	Post Code	2
Advisors				
If you currently are working with a professi	onal advisor (e.g., financial adviso	r, CPA, attorney),	would you like	e to give him/hei
account? There can be more than one advi	sor. (Please attach additional shee	ts if necessary.)		
Yes No (If NO, please move on to	the Contribution Section.)			
☐ Yes ☐ No (If NO, please move on to	the Contribution Section.)			
	the Contribution Section.) Title	ı	Firm	
Advisor Name	Title			Doob Code
Advisor Name			Firm	Post Code
☐ Yes ☐ No (If NO, please move on to Advisor Name Mailing Address Email	Title	!		Post Code
Advisor Name Mailing Address	Title	!		Post Code
Advisor Name Mailing Address	Title	!		Post Code
Advisor Name Mailing Address Email Broker-Dealer Name (if applicable)	Title	!		Post Code
Advisor Name Mailing Address Email	Title City Daytime Ph	one	State	
Advisor Name Mailing Address Email Broker-Dealer Name (if applicable) Advisor Notifications Your advisor will receive email notifications statements.	Title City Daytime Ph	one or download unl	State	
Advisor Name Mailing Address Email Broker-Dealer Name (if applicable) Advisor Notifications Your advisor will receive email notifications	Title City Daytime Ph	one or download unl	State	
Advisor Name Mailing Address Email Broker-Dealer Name (if applicable) Advisor Notifications Your advisor will receive email notifications statements.	Title City Daytime Ph	one or download unl	State	

GE525A MARCH 2023

Professionally Managed Accounts (Available for Accounts with balances of \$500,000 or higher): Accounts with balances of \$500,000 or higher can nominate their own independent advisor to develop custom investment strategies. If you would like to participate in the

Professionally Managed Account program, please check this box.

Contribution Section

Please select one of the following two options:

Initial Contribution

Please note that the minimum initial contribution is \$25,000. Please contact us at <u>clientservice@impactassets.org</u> or **855-482-2946** if you plan to contribute digital tokens, physical share certificates, real estate or other property or non-traditional assets.

Contributor/Donor Information

Without accurate contributor/donor details, we are unable to sell shares, if applicable, nor are we able to associate the funds with your donor advised fund account. We are required to collect sufficient support to record the contribution and issue an acknowledgement letter. If you do not know the details of your contribution at this time, please complete the Contribution Form once the information is available.

A letter of receipt will be issued by ImpactAssets to the donor(s) listed on this application OR the donor(s) listed below. If the contribution is from a trust or another legal entity, please provide the name and address of the trust/legal entity so that we can accurately document this in the receipt. If the contribution is being processed through another Donor Advised Fund provider, include the name of the provider as the donor (i.e. My Town Community Foundation).

				ntribution to my/our action to my/our ac	ccount. ete the Contributor/Donor c							
Contributor/Donor #1 Name (First, Middle, Last) Mailing Address			Contributor/Donor #2 Name (First, Middle, Last) Mailing Address									
							City	State	Post Code	City	State	Post Code
							Email	Home Phon	e	Email	Home Phon	ne
Timing of Fun	ıding											
On what date do	you anticipate sending	this funding to Impa	ctAssets?									
For Cash Cont	tributions		(5)									
\$			(Please make check payable to ImpactAssets and mail it with the completed ImpactAssets Donor Advised Fund account application)									
Check												
\$												
□ Wire		Bank of Origination										
\$												
☐ Funded by another DAF Provider			Name of DAF Provider									

GE525A MARCH 2023

Wire Instructions: Please contact ImpactAssets at clientservice@impactassets.org or 855-482-2946 for wire instructions.

For Securities or Mutual Fund Contributions

Note: You will need to initiate the transfer of securities with the holding firm. Additional paperwork may be required by your bank or financial institution.

ImpactAssets Brokerage Account Information:

DTC#: 0164, Code 40

Custodian: Charles Schwab & Co, Inc. Beneficiary Account Name: ImpactAssets Inc. Beneficiary Account Number: 7835-8108

Holding Firm Information

Name of Firm Holding Assets	Ad	Account Number			
Security Name	Ticker Symbol	Quantity	Approximate \$ Value		
Security Name	Ticker Symbol	Quantity	Approximate \$ Value		
Security Name	Ticker Symbol	Quantity	Approximate \$ Value		
Security Name	Ticker Symbol	Quantity	Approximate \$ Value		
Security Name	Ticker Symbol	Quantity	Approximate \$ Value		
			Approximate Total \$ Val		

Notes:

- Shares should be transferred in kind and are not to be liquidated until they are received by ImpactAssets.
- Physical stock certificates may require a Third Party Release Form and additional paperwork. Please contact ImpactAssets for additional information.

GE525A MARCH 2023

Investment Allocation Section

You may recommend your account be allocated across any of the following Portfolio Investment Options. Percent allocations should total 100%. **Note:** Contributions will be allocated to the Liquid Impact Portfolio if you do not recommend an allocation.

Choose your own allocation by entering the % of the total account next to each option. Please contact engagement@impactassets.org for a copy of the Investment Supplement that provides a description of each investment selection listed below, as well as a full list of investment options that will be available once your account is open.

ImpactAssets Managed Strategies Investment Options

All	ImpactAsse	ets Managed Strategies have daily liquidity on a best efforts basis.
	%	Aggressive Growth Impact Portfolio: Diversified investment portfolio of global stocks, bonds and private debt & equity
	%	Moderate Impact Portfolio: Balanced portfolio of global stocks, bonds and private debt
	%	Conservative Impact Portfolio: U.S. short-term bonds and globally diversified private debt
	%	Community Investment Strategy: Globally diversified private debt addressing community development issues, targeting conservative growth
	%	Liquid Impact Portfolio: Cash equivalents and short-term fixed income
	%	Total Allocation
P	rivate I	Debt & Equity Impact Investment Options (with additional fees)
Ор		ptions, returns and fees vary. Check the boxes below for additional information on current availability of an Impact Investment locations indicated above will be applied proportionally to 100% of the assets not invested in Private Debt & Equity Impact outlines.
		bt & Equity Impact Funds: Private Debt & Equity funds that seek to generate significant social and environmental impact. tact engagement@impactassets.org for available private debt and equity impact fund options. (Investment minimums apply)
		commended Investments: Donors source and recommend direct investments in private mission-driven businesses, impact nonprofit organizations. (\$25,000 minimum recommendation)
Pre	eferred Em	ail Preferred Phone

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Impact Areas of Interest

Secondary Officer Signature

The impact areas listed below represent the United Nations (UN) Sustainable Development Goals (SDGs). The UN SDGs are "a universal call to end poverty, protect the planet and improve the lives and prospects of everyone, everywhere." Please mark all that apply. ☐ Affordable & Clean Energy ☐ Climate Action □ No Poverty □ Zero Hunger ☐ Decent Work & Economic Growth ☐ Life Below Water ☐ Good Health & Well-being ☐ Industry, Innovation & Infrastructure ☐ Life on Land ☐ Quality Education □ Reduced Inequality ☐ Peace, Justice & Strong Institutions ☐ Gender Equality ☐ Sustainable Cities & Communities Partnerships for the Goals ☐ Clean Water & Sanitation ☐ Responsible Consumption & Production Other ____ **Signatures** I acknowledge that I have read the Program Circular and agree to the terms and/or conditions described therein. I understand that any contribution, once accepted by ImpactAssets, represents an irrevocable contribution and is not refundable to me. I hereby certify that, to the best of my knowledge, all information presented in connection with this application is accurate, and I will promptly notify ImpactAssets in writing of any changes. (Please attach any additional donor signatures.) **Authorized Officer Signature** Name (Please Print)

Name (Please Print)

GE525A MARCH 2023

6