



## Fund Information Form

Complete this information form to open or update your philanthropic fund information. You can change your fund name, contact information, advisors or successor advisors for an existing donor advised fund. It is not necessary to enter information that has not changed.

If you would like a copy of your current philanthropic fund plan and guiding document on file, please contact Kellie Smith, Foundation Director, at (904) 512-3796 or [KellieK@jewishjacksonville.org](mailto:KellieK@jewishjacksonville.org).

**Fund Name**  NEW FUND  Change Fund Name    Current Name: \_\_\_\_\_

Desired Name of Fund: \_\_\_\_\_

### Fund Adviser Contact Information

Name(s): \_\_\_\_\_

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

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

Email: \_\_\_\_\_

### Fund Advisor(s):

Remove Fund Advisor(s): \_\_\_\_\_

Add New Fund Advisor(s):

First Name, MI, Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State/ Zip \_\_\_\_\_

Email / Phone Number \_\_\_\_\_

### Statement Preference

(Please select one)

Mail

Paperless

### Investment Selection

(Please select one)

Growth (70/30)

Growth & Income (64/40)

Income & Growth (50/50)

Money Market

## Successor Advisor(s):

You may name individuals as Successor Advisors to succeed you in advising JFJ regarding your fund after the death of the Advisors OR you may elect to name The Jewish Foundation and/or specific charities as Charitable Beneficiaries of your fund. These recommendations may be changed at any time. To indicate additional Successor updates, attach a separate sheet.

**Add New Successor Advisor**

First Name, MI, Last Name

---

Street Address

---

City / State / Zip

---

Email / Phone Number

---

**Remove Successor Advisor(s)** \_\_\_\_\_

**Add New Successor Advisor**

First Name, MI, Last Name

---

Street Address

---

City / State / Zip

---

Email / Phone Number

---

**Remove Successor Advisor(s)** \_\_\_\_\_

**Add New Successor Advisor**

First Name, MI, Last Name

---

Street Address

---

City / State / Zip

---

Email / Phone Number

---

## Acknowledgement of Terms:

I certify that, to the best of my knowledge, all information in connection with this form is accurate and I will notify JCF writing of any changes.

\_\_\_\_\_  
Fund Advisor Signature

\_\_\_\_\_  
Date (month, day, year)

\_\_\_\_\_  
Printed Name

**Return completed form and other documentation by mail or email to:**

Jewish Foundation of Northeast Florida | 8505 San Jose Blvd., Jacksonville, FL 32217 | KellieK@jewishjacksonville.org