



Calvert Giving Fund

THE SOCIALLY RESPONSIBLE DONOR ADVISED FUND™

Application

1. DONOR ADVISOR INFORMATION

The Donor Advisors of the account have full and equal rights to recommend grant distributions and to elect the successors of the account. If there is more than one mailing address, all account correspondence will be sent to Donor Advisor 1. There can be more than two Donor Advisors. (Please attach additional sheets if necessary.)

DONOR ADVISOR #1

(Primary recipient for all account correspondence)

Mr. Mrs. Ms. Dr. Other _____

Name (First, Middle, Last)

Social Security Number

Date of Birth (mm/dd/yyyy)

Mailing Address

City

State

Zip

Business Phone

Home Phone

Email Address

Mother's Maiden Name

DONOR ADVISOR #2

Mr. Mrs. Ms. Dr. Other _____

Name (First, Middle, Last)

Social Security Number

Date of Birth (mm/dd/yyyy)

Mailing Address

City

State

Zip

Business Phone

Home Phone

Email Address

Mother's Maiden Name

2. NAME THE GIVING FUND

You may choose the name of the Giving Fund. You can name it for yourself, your family, or your cause (for example, "The Castillo Family Philanthropy Fund"). Grants made to charities are accompanied by a letter which includes the account name and/or the name and address of the Advisors(s) recommending the grant, unless anonymity is requested.

Giving Fund Name

3. FINANCIAL PROFESSIONAL

Are you currently working with a financial advisor involved in the setting up of this account? YES NO

If NO, please move on to Section 4.

Advisor Name

Firm Name

Title

Daytime Phone

Mailing Address

City

State

Zip

Email Address

This individual has the authority to recommend grants YES NO

This individual has the authority to recommend investment allocation YES NO

Would you like this individual to receive copies of your statements? YES NO

4. CONTRIBUTION

Please complete the applicable section below. (The minimum contribution is **\$5,000 for initial gifts.**)

TO CONTRIBUTE CASH:

Check \$ _____
(Make payable to: Calvert Foundation)

Mail with application to the address at the end of this form.

Wire: \$ _____

From Your Bank: _____
 ABA#: 011 000 028
 Bank Name: State Street Bank and Trust, Boston MA
 Account #: 99037657
 Account Name: Calvert Shareholder Services Inc.
 Further Credit: Calvert Social Investment Foundation
 Account #: 2862217
 Fund #: 904

It is important that you return this application by mail and call the Calvert Foundation before initiating a wire transfer.

TO CONTRIBUTE SECURITIES OR MUTUAL FUNDS:

FOR MUTUAL FUNDS:

Send to Calvert Giving Fund

- **Original** Letter of Instruction
- **Required** Medallion Signature Guarantee
(This can be obtained at most financial firms)
- **Copy** of a recent statement from the transferring mutual fund company
- Donor Application or Additional Contribution Form

FOR SECURITIES:

Send to Calvert Giving Fund

- **Copy** of the Letter of Instruction
- **Required** Medallion Signature Guarantee
(This can be obtained at most financial firms)
- Donor Application or Additional Contribution Form

AND Send to the firm currently holding the securities:

- **Original** Letter of Instruction

Mutual Fund Shares

Firm Name

Broker Name

Broker's Phone

Name of Security

Account Number

Number of Shares

Security Shares

Firm Name

Broker Name

Broker's Phone

Name of Mutual Fund

Account Number

Number of Shares

(Attach additional sheets if necessary.) If contributing securities or mutual funds, please **complete the Letter of Instruction** and mail with this application to the address at the end of the form. You may arrange with your broker to transfer securities directly to Calvert Foundation at the below account:

DTC#: 0164, Code 40
 Custodian: Charles Schwab & Co, Inc.
 Beneficiary Account Name: Calvert Social Investment Foundation
 Beneficiary Account Number: 6059-1162

5. SUCCESSION PLAN

Donor Advisors (Advisors) have the option of (1) naming the Calvert Foundation's Community GiftShare Fund, (2) electing individuals to succeed them on the account with full rights as Advisors, OR (3) recommending charitable organizations to receive the remaining assets, as the beneficiary upon the death, incapacity or other disqualification of ALL Advisors of the account. **Note:** You may choose a combination of all three (total must equal 100%). If no option is selected, the succession plan will default to Option (1). Refer to the Program Circular for details. An Advisor can change this election at any time by notifying Calvert Foundation in writing.

(1) **NAME THE COMMUNITY GIFTSHARE FUND AS BENEFICIARY.**

Transfer the program account's assets to the Community GiftShare Fund supporting permanent investment in jobs, homes and lives through community development. (Refer to the Program Circular or call for more details, custom programs available.)

Percentage of Account Value _____%

(2) **NAME INDIVIDUAL(S) AS SUCCESSOR(S).**

Retain assets in the program account and establish the following individuals as Successor Donor Advisors. You may name more than two individuals to succeed you with full rights as Advisors. (Please attach additional sheets if necessary.)

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS TO DETERMINE HOW THE ACCOUNT WILL BE HELD BY THE SUCCESSOR(S):

- Person(s) named below succeeds the account with full rights as Donor Advisor(s). OR,
 Persons named below split the remaining, undistributed assets establishing separate accounts (\$5,000 minimum each account) with full rights as Donor Advisors.

Successor #1

Name (First, Middle, Last)

Social Security Number

Date of Birth (mm/dd/yyyy)

Mailing Address

City

State

Zip

Business Phone

Home Phone

Email Address

Mother's Maiden Name

Percentage of Account Value

(3) **RECOMMEND CHARITABLE ORGANIZATIONS.**

Consider the below-named organizations (Must be 501(c)(3) U.S.-based Public Charities) as recommended grant recipients upon the death or legal incapacity of all Donor Advisor(s). (Please list additional organizations and percentages on a separate page.)

Organization #1

Organization

Federal Tax ID Number (if known)

Mailing Address

City

State

Zip

Telephone Number

Percentage of Account Value

Successor #2

Name (First, Middle, Last)

Social Security Number

Date of Birth (mm/dd/yyyy)

Mailing Address

City

State

Zip

Business Phone

Home Phone

Email Address

Mother's Maiden Name

Percentage of Account Value (if splitting)

Organization #2

Organization

Federal Tax ID Number (if known)

Mailing Address

City

State

Zip

Telephone Number

Percentage of Account Value (if splitting)

Questions? Call 800.248.0337

Or visit www.calvertgiving.org

6. INVESTMENT ALLOCATION RECOMMENDATION

You may recommend your contribution be allocated as units in any combination of Calvert Foundation approved mutual funds and community development investment pools. (If you do not recommend an investment allocation, contributions will be allocated to the Standard Allocation.) *Please refer to the Program Circular before making your selections. Total must equal 100%.*

- (1) **STANDARD ALLOCATION** – *high social and community impact, appreciation potential, and short-term stability.*
 - 25% Calvert Community Investment Note
 - 50% Calvert Social Investment Fund (CSIF) Money Market Portfolio
 - 25% Calvert Social Investment Fund (CSIF) Bond Portfolio

- (2) **BALANCED ALLOCATION** – *potentially higher appreciation and the risk/volatility of equity investing.*
 - 25% Calvert Community Investment Note
 - 10% Calvert Social Investment Fund (CSIF) Money Market Portfolio
 - 15% Calvert Social Investment Fund (CSIF) Bond Portfolio
 - 35% Calvert Social Investment Fund (CSIF) Enhanced Equity Portfolio
 - 15% Calvert Capital Accumulation Fund

- (3) **CHOOSE YOUR OWN ALLOCATION** – *please see program circular for a description of each Pool.*

INVESTMENT POOL Options	% OF TOTAL
Calvert Community Investment Note	_____
Calvert Social Investment Fund (CSIF) Money Market Portfolio	_____
Calvert Social Investment Fund (CSIF) Bond Portfolio	_____
Calvert Conservative Allocation Fund	_____
Calvert Moderate Allocation Fund	_____
Calvert Social Investment Fund (CSIF) Balanced Portfolio	_____
Calvert Social Investment Fund (CSIF) Enhanced Equity Portfolio	_____
Calvert Social Investment Fund (CSIF) Equity Portfolio	_____
Calvert Social Index Fund.....	_____
Calvert Large Cap Growth Fund	_____
Calvert Capital Accumulation Fund	_____
Calvert Mid Cap Value Fund	_____
Calvert Aggressive Allocation Fund.....	_____
Calvert World Values International Equity Fund	_____
Calvert Small Cap Value Fund	_____
Calvert New Vision Small Cap Fund.....	_____
Calvert Global Alternative Energy Fund.....	_____
Calvert International Opportunities Fund.....	_____
Calvert Global Water Fund.....	_____

Total must equal 100%.

Custom Community Investment Note targeting is available for accounts over \$50,000. Please contact the Calvert Foundation.

If you selected options (1), (2), or Community Investing through option (3), please fill out this section.

Community Investment Note. If no options are selected, your community investing will be invested at a **2%** rate of return targeted to the global portfolio (*The rate chosen translates directly into better rates for the non-profit borrowers of the program*).

Interest Rate. I recommend my interest rate to be (*A lower rate channels even more affordable credit to communities in need*):
 0% 1% 2% 3%

7. SIGNATURE(S)

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 Calvert Foundation, 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 Calvert Foundation in writing of any changes. (Please attach any additional donor signatures.)

Donor Advisor #1 Signature _____ Name (Please Print) _____ Date ____/____/____

Donor Advisor #2 Signature _____ Name (Please Print) _____ Date ____/____/____

Calvert Foundation PO Box 30084 Bethesda, MD 20824-9948	 Calvert Giving Fund <small>THE SOCIALLY RESPONSIBLE DONOR ADVISED FUND™</small>	Telephone: 800.248.0337 Website: www.calvertgiving.org Email: foundation@calvertfoundation.org Fax: 301-280-1399
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