

Calvert Foundation GIVING FUND

Application

1. DONOR INFORMATION

The Donors 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 #1. There can be more than two Donors. *(Please attach additional sheets if necessary.)*

DONOR #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 #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

I wish to receive electronic notifications instead of paper statements*

I wish to receive electronic notifications instead of paper statements*

* (Quarterly Statements will be posted to your online account and you will receive an e-mail when they are available for viewing.)

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 the name and address of the primary Donor(s) attached to the account, unless anonymity is requested.

Giving Fund Name

3. PROFESSIONAL ADVISOR

If you're currently working with an advisor, would you like to have them attached to your 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

This individual should receive copies of quarterly 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)

Wire: \$ _____

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

From Your Bank: _____

ABA#: 254 070 116
Bank Name: Citibank
Account #: 24071516
Account Holder: Calvert Social Investment Foundation
City/State: Rockville, MD

You MUST return this completed application to Calvert Foundation before initiating a wire transfer to ensure your account is properly credited.

TO CONTRIBUTE SECURITIES OR MUTUAL FUNDS*:

If contributing securities or mutual funds, please **complete the Letter of Instruction** and follow the instructions below.

Send to Calvert Giving Fund

Copy of Letter of Instruction (LOI) with this completed application

You MUST return this completed application and the LOI to Calvert Foundation before initiating a securities transfer to ensure your account is properly credited.

Please provide the below information:

Firm Name

Broker Name

THEN send to the firm currently holding the securities:

Broker's Phone

Original LOI with Medallion Signature Guarantee

(The Medallion Signature Guarantee may not be required by all securities firms in order to initiate your transfer. You should contact your particular firm for their requirements. If required, a Medallion Signature Guarantee can be obtained at most financial institutions)

Total Approximate value of securities being transferred

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

*Please note that some securities firms may not be able to transfer *Mutual Fund* holdings directly to the Charles Schwab & Co, Inc. account listed above. If you encounter this situation, please contact a Calvert Foundation Associate and we will assist you in facilitating the transfer.

TO CONTRIBUTE NON-TRADITIONAL ASSETS:

If you plan to contribute physical share certificates, real estate or other property or non-traditional assets, please contact a customer service representative at 1.800.248.0337.

5. SUCCESSION PLAN

Donors have the option of (1) supporting Calvert Foundation as we invest in communities to help people pull themselves out of poverty , (2) electing individuals to succeed them on the account with full rights as Donors, 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. A Donor can change this election at any time by notifying Calvert Foundation in writing.

(1) NAME CALVERT FOUNDATION AS THE BENEFICIARY.

Transfer the program account's assets to support 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 Donors. You may name more than two individuals to succeed you with full rights as Donors. (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):

- a. Person(s) named below succeeds the account with full rights as Donor(s). OR,
 b. Persons named below split the remaining, undistributed assets establishing separate accounts (\$5,000 minimum each account) with full rights as Donor(s). If minimum cannot be met, the option will default to option a.

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

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)

(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 Donors. (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

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. *Please refer to the Program Circular and Investment Supplement before making your selections.*

Please Note:

- a. If you do not recommend an investment allocation, contributions will be allocated to the **Standard Allocation**
- b. **Community Investment Note.** If no percentage options are chosen your Note will be invested at a 2% rate of return

- (1) **STANDARD ALLOCATION** – *high social and community impact, appreciation potential, and short-term stability.*
 - 25% Calvert Community Investment Note (Interest of 0% 1% 2% 3%)
 - 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 (Interest of 0% 1% 2% 3%)
 - 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 the Investment Supplement for a description of each Pool.*

INVESTMENT POOL Options	% OF TOTAL	interest of <input type="checkbox"/> 0% <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3%
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%		

- (4) **GLOBAL IMPACT VENTURES (GIV) PLATFORM**– Please check the box if you are investing a portion of your account funds in the GIV Platform. Please also include a completed and signed GIV waiver with this application. The Allocation that you indicated above will be applied proportionally to 100% of the assets not invested in the GIV Platform. For more information regarding the GIV platform and the minimums required, please contact a Calvert Foundation Associate.

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

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

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

Calvert Foundation 7315 Wisconsin Ave, Suite 1100W Bethesda, MD 20814	 Calvert Foundation [™]	Telephone: 800.248.0337 Website: www.calvertgiving.org Email: foundation@calvertfoundation.org Fax: 301.280.1399
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