

FUND NAME: _____ Date signed: _____

Investment Recommendation: Please choose one of the two options below.

OPTION 1: The assets in the Fund will be managed directly by your financial advisor. (Please note, a Fund Advisor or family member may not be named as the Fund's Advisor according to IRS regulations)

Financial Advisor Name

Firm Name

Address

Email Address

City

State

Zip

Phone

Please check here if you would like your financial advisor to have online access

OPTION 2: The assets in the Fund will be invested in the ACT for Alexandria investment pools.

Please select one of the following pooled investment options below. See next page for a description.

**ALTERNATE OPTIONS	*Aggressive Mix	*Moderate Aggressive Mix	*Moderate Mix	*Conservative Mix	*Risk Averse Mix	TIFF Multi- Asset Fund	Customize Your Mix
Money Market	0%	5%	15%	25%	100%	0%	
Short-Term Fixed Income	10%	21%	27%	33%	0%	0%	
Intermediate- Term Fixed Income	10%	14%	18%	22%	0%	0%	
Equity	80%	60%	40%	20%	0%	0%	
<i>The Investment Fund for Foundations Multi-asset Fund</i>	0%	0%	0%	0%	0%	100%	
<i>Total</i>	100%	100%	100%	100%	100%	100%	100%
<i>Check a Box</i>							

Combined Total must equal 100%

Fund ID #: _____

ACT for Alexandria

Signed by: _____ date: _____