



Request to Change Investment Options

Fund Name: _____

Fund Advisor Name: _____

Phone: _____

Email: _____

Desired Investment Option:

- | | | | | | |
|--------------------------|--|-------|----|-------|--|
| <input type="checkbox"/> | Long-Term Investment Pool (endowed or non-endowed funds with a duration of 5 or more years) | \$ | or | % | |
| | | _____ | | _____ | |
| <input type="checkbox"/> | Socially Responsible Investment Pool (endowed or non-endowed funds with a duration of 5 or more years) | \$ | or | % | |
| | | _____ | | _____ | |
| <input type="checkbox"/> | Short-Term Investment Pool (non-endowed funds with a duration of one to five years) | \$ | or | % | |
| | | _____ | | _____ | |
| <input type="checkbox"/> | Low Risk Pool (non-endowed funds with a duration of one year) | \$ | or | % | |
| | | _____ | | _____ | |
| <input type="checkbox"/> | Individually Managed Fund (\$1 million minimum with approved financial manager) | \$ | of | % | |
| | | _____ | | _____ | |

Acknowledgements & Signatures

I acknowledge that I have read and understand the investment option goals and objectives. I understand that in making changes in investment options, Jefferson Community Foundation and our investment partner, Greater Tacoma Community Foundation (GTCF) will not in any way be trying to 'time the market'. I also understand that JCF/GTCF will only consider an investment option change request twice in a twelve-month period.

Therefore, I hereby submit the following investment option request to JCF.

Signature

Date

Signature

Date