

Frankfort Community Foundation

Investment Portfolio Recommendation Form



Name of Fund: _____

As the Donor or Authorized Representative of the above-named Fund and in accordance with the provisions of the Fund Agreement established with the Frankfort Community Foundation, I recommend that the assets of this Fund be invested as follows:

- ___/___ ☐ **Balanced Model:** This is one of the investment options recommended for funds requiring long-term growth of principal and income. **The market value of this portfolio is NOT guaranteed and may decline in value.**
- ___/___ ☐ **Growth Model:** This is one of the investment options recommended for funds requiring long-term growth of principal and income. **The market value of this portfolio is NOT guaranteed and may decline in value.**
- ___/___ ☐ **Income Model:** This is one of the investment options recommended for funds requiring long-term growth of principal and income. **The market value of this portfolio is NOT guaranteed and may decline in value.**
- ___/___ ☐ **Money Market Model:** This is one of the investment options recommended for funds which are expendable and have a short-term time horizon and is designed for donors who are seeking safety of principal, but also want a measure of current income. The market value of this investment option is not guaranteed, but declines in value are anticipated to be relatively modest and infrequent.
- ___/___ ☐ **Capital Preservation Model:** This is one of the investment options recommended for funds which are expendable and have a short-term time horizon of approximately one to two years. The Capital Preservation investment option seeks to maximize current income consistent with the preservation of principal, maintenance of liquidity and limited volatility. The portfolio may not keep pace with inflation and may not maintain a stable value over short periods of time.
- ___/___ ☐ **ESG Option:** I prefer the ESG option available in the Growth, Balanced and Income selections *A selection above of one of these three options is required.*

Donors with endowed funds greater than \$50,000 may recommend a regulated professional advisor of their choice.

___/___ ☐ I wish to use _____ as my outside investment manager.

As required by regulations of the Internal Revenue Service, I acknowledge and agree that:

- This recommendation is advisory only and the Frankfort Community Foundation may, at its sole and absolute discretion, abide by or decline to follow this recommendation.
- The Frankfort Community Foundation may at any time, at its sole and absolute discretion, change the investment of all or any portion of the assets or allocations in the Fund.
- If this recommendation is accepted, the investments will be administered in accordance with the financial policies of the Frankfort Community Foundation.
- I understand that investments are subject to normal market and interest rate risks, and any gain or loss generated by the investments in the Fund will be credited or charged to the Fund.

Signature: _____ Signature: _____

Name: _____ Name: _____

Date: ____/____/____

Revised: 03/27/2023