

P.O. Box 334
224 W. Main St., Ste. 407
Lewistown, MT 59457



(406) 538-6130
cmtfoundation@midrivers.com

CENTRAL MONTANA FOUNDATION (CMF) PERMANENT ENDOWMENT ACCOUNT APPLICATION

DATE:

ACCOUNT NAME:

ORGANIZATION EIN OR TIN:

Applicants must be registered and in good standing with the Montana Secretary of State. Please attach Certificate of Good Standing. If your organization has 501(c) status, please attach the IRS determination letter. Scholarship endowments are exempt from this requirement.

**CONTACT
PERSON:**

Please provide CMF with the name, address and phone number and email address (if applicable) of the person(s) that will represent you and have the ability to make decisions and be the contact person for CMF should we have questions or concerns.

NAME:

PHYSICAL ADDRESS:

MAILING ADDRESS (if different than physical address):

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

DESCRIPTION: Please describe the anticipated amount of funds to be deposited, the source of funds and the purpose for which the fund is intended.

RESTRICTIONS: Are there any restrictions on the use of the funds?
Examples: Operating purposes only; no capital expenditures; scholarship criteria, etc.

DEPOSITS: Describe the estimated individual dollar amount, frequency and total dollar amount of anticipated deposits. The deposits are to be made by CMF for proper accounting and investment control purposes. All deposits are to be approved and deposited by CMF.

WITHDRAWALS: Please provide an estimate of the number, frequency and dollar amount of withdrawals. All withdrawals must be approved by CMF and must be for an authorized purpose so as not to affect the tax-exempt status of CMF. The withdrawal must be made for a tax-exempt purpose. Withdrawals may not exceed the balance available in your account. Please provide the name(s) of the person(s) authorized by your organization to initiate the withdrawal. The request for a withdrawal must be in writing and signed by the authorized person.

AGREEMENT:

1. A minimum of \$2,500 is required to open a permanent endowment. If the balance falls below \$2,500 or there is no activity on the account for 12 consecutive months, the balance in the account may be transferred to the general fund.
2. In a permanent endowment, the original principal should not be spent.
3. Depositor agrees to abide by the Permanent Endowment Agreement, policies and procedures of the CMF and the above described terms and conditions.
4. CMF has the final decision making authority.
5. Depositor will not use the CMF tax identification number for their own borrowing purposes.
6. CMF will provide account balances upon request. Any additional bookkeeping will be the responsibility of the donor.
7. CMF will not be responsible for providing payroll services, Workman's Compensation compliance, 1099 forms and reporting, W-2 forms and reporting or any other information required by any government entities.
8. Depositor understands that the contributed funds will be carefully invested in accordance with the CMF Investment Policy and there is no guarantee of growth or earnings and the principal portion of the investment may decrease. Returns are not guaranteed.

Signed this _____ day of _____, 20____ on behalf of

Name of Permanent Endowment Account

Account Authorized Signature

Account Authorized Signature

Authorized Agent of CMF

Date approved by CMF Board of Directors

Return to Central Montana Foundation at P.O. Box 334, Lewistown, MT 59457. Applications postmarked by the 10th will be considered at the next regular meeting in the month received.