



Mail To:
Davlin Philanthropic Fund
Mutual Shareholder Services
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

Minimum Investment:
Initial: \$2,500 Subsequent: \$100
Need Help Call:
877-Davlin-8 (toll free)
877-328-5468

DAVLIN PHILANTHROPIC FUND
APPLICATION TO BUY SHARES

1) REGISTRATION OF SHARES (PLEASE PRINT)

Registration form fields including Owner, Address, City, State, ZIP, Date of Birth, and Email.

2) INVESTMENT INFORMATION

This investment represents an:
Initial investment payable to: Davlin Philanthropic Fund Amount \$

How did you hear about the Davlin Philanthropic Funds?

3) DIVIDEND & TELEPHONE OPTIONS

All income dividends and capital gains distributions will be reinvested in additional shares as stated in the Prospectus unless the box below is checked. You elect to have telephone redemption privileges unless you check the box below:
Please pay all income dividends and capital gains distributions in cash.
I do not want telephone redemption privileges

4) TAXPAYER INFORMATION

If you do not have a Social Security number or a Taxpayer ID number, you must complete a Form W-8 which is available by calling the above phone number:

Citizenship: U.S. Citizen Resident Alien Non-Resident Alien

The Internal Revenue Service (IRS) requires each taxpayer to provide a Social Security or Taxpayer Identification Number and to make the following certifications. I certify under penalty of perjury that:

- 1) The Social Security or Tax ID number stated above is correct.
2) I am not subject to backup withholding because:
A - The IRS has not informed that I am subject to backup withholding
B - The IRS has notified me that I am no longer subject to backup withholding

\*If this statement is not true you are subject to backup withholding, cross out line 2

5) SIGNATURE AND AGREEMENT

I/We, the undersigned, have received, printed or downloaded a copy of the current Prospectus of the Davlin Philanthropic Fund and are purchasing shares in accordance with its provisions. I/We further certify that the undersigned is of legal age and has full legal capacity to make this purchase. The purchase price shall be the net asset value next determined following receipt of the application by the Fund, if the application is accepted. This application cannot be processed unless accompanied by payment. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I/We understand that the Fund is not backed or guaranteed by a bank or insured by the FDIC. I/We authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with procedures described in the Prospectus. I/We agree that neither the Fund, nor the Transfer Agent will be liable for any loss, cost or expense of acting on such instructions. Such entities will employ reasonable procedures to confirm that instructions communicated by phone are genuine and will not be liable for acting upon instructions believed to be genuine.

SIGNATURE OF OWNER DATE

SIGNATURE OF JOINT OWNER DATE

# DAVLIN PHILANTHROPIC FUND

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### 6) CHARITABLE DESIGNATION:

Please inform us which charity/charities you would prefer to receive your donations. Note that you may chose up to three charities. Your donations will be divided evenly among your chosen charities. The charity/ies chosen will be informed of your generosity unless the box below is checked.

I would like to make my donations on an anonymous basis.

#### Only Check One Box:

I/We would prefer that my charitable donations go to the following charities chosen from the Approved Charities List:

**NOTE:** Please list only the charities reference number that can be found at [www.DavlinFoundation.org/ApprovedCharitiesList.html](http://www.DavlinFoundation.org/ApprovedCharitiesList.html) or by calling **1-877- Davlin-8** or **1-877-328-5468**.

CHARITY ID NUMBER 1: \_\_\_\_\_

CHARITY ID NUMBER 2: \_\_\_\_\_

CHARITY ID NUMBER 3: \_\_\_\_\_

## OR

I/We would like the Board of Trustees of the Davlin Foundation to pick the individual charities in the following areas:

#### Chose Up To Three Areas:

00100 - CULTURE - EDUCATION - FORMAL - AFTER SCHOOL PROGRAMS, CONTINUING EDUCATION, ETC.

00101 - CULTURE - EDUCATION - INFORMAL - MUSEUMS, ZOOS, LIBRARIES, HISTORIC PRESERVATION, ETC.

00102 - CULTURE - ARTS - PERFORMING - MUSIC, DANCE, THEATRE, ETC.

00103 - CULTURE - ARTS - VISUAL - PAINTING, SCULPTURE, CERAMICS, ETC.

00104 - HUMAN SERVICES - FOOD & CLOTHING

00105 - HUMAN SERVICES - SHELTER

00106 - HUMAN SERVICES - HEALTH

00107 - HUMAN SERVICES - DISABILITIES - MENTAL & PHYSICAL WELL-BEING

00108 - HUMAN SERVICES - EMPLOYMENT

00109 - ENVIRONMENT - CONSERVATION - HABITS, ANIMALS, ETC.

00110 - ENVIRONMENT - CONSERVATION - QUALITY - CLIMATE, AIR WATER, TOXICS, ETC.

### 7) AUTOMATIC INVESTMENT PLAN

YES, I/we want to institute the Automatic Investment Plan.

Permits you to initiate automatic transfers to the Davlin Philanthropic Fund from your bank, savings and loan, or credit union using the ACH system. You must attach a voided check to this application. Money will be transferred only from the account indicated on the check. Financial institution account number: \_\_\_\_\_, phone number: \_\_\_\_\_.

AMOUNT \$ \_\_\_\_\_ (MINIMUM \$100)

FREQUENCY:

MONTHLY

BI-MONTHLY

QUARTERLY

DAY FOR INVESTMENT:

5TH

20TH

It is understood that this authorization may be terminated by me/us at any time by written notification to the Davlin Philanthropic Fund. The termination request will be effective as soon as the Davlin Philanthropic Fund has had reasonable time to act upon it.

### 8) DUPLICATE CONFIRMATIONS AND STATEMENTS

Please send duplicate confirmations and statements to:

If Broker-Dealer/Advisor:

NAME

REP NAME

ADDRESS 1

BRANCH/REP #

ADDRESS 2

PHONE

CITY

STATE

ZIP