TOP Jewish Foundation

We make giving easier.

13009 Community Campus Drive
Tampa, FL 33625
Phone: 813-961-9090 Fax: 813-961-8126

Fund Name / ID: _____

Allocation of Funds:

I/We hereby wish to recommend the following asset allocation for the investments in the Fund:

Percent of Fund to be invested in the **Equity** Investment Pool*:	%
Percent of Fund to be invested in the **Fixed Income** Investment Pool:	%
Percent of Fund to be invested in the **Balanced** Investment Pool: (55% Equities/45% Fixed Income)	**%**
Percent of Fund to be invested in the **Money Market** Investment Pool:	**%**
Total (percentages must add to 100%)	**100%**

*Only available for donors and partners with funds totaling $50,000 or more in assets.

Rebalancing:

Please note that due to market fluctuations, the allocations indicated above may not maintain these exact percentages over time.

I/We understand that I/we may recommend a different asset allocation recommendation once a year by **June 1.**

I/We understand that TOP Jewish Foundation will **automatically rebalance** the assets in the Fund annually on July 1 according to the allocations recommended above.

My/Our signature below confirms the Fund allocation and rebalancing decisions indicated herein.

_____	_____	_____	_____
Signature	Date	Signature	Date