

**UNIVERSITY OF ARKANSAS FOUNDATION, INC.  
REQUEST FOR A NEW ACCOUNT NUMBER (Page 1 of 2)**

CAMPUS: SYSTEM UAF ADC UALR UAMS UAM UAPB ACRC UACCB

ACCOUNT NAME: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ DEPT: \_\_\_\_\_ SUB-DEPT: \_\_\_\_\_

**TYPE OF ACCOUNT: (Check one)**

Attach gift agreement or other supporting documentation

- Non-Endowed
- Future Endowment, Principal initially less than minimum endowment requirement
- Quasi-Endowment, Principal can be spent  
Establish spending account  Yes  No
- Permanent Endowment, Non-invadable principal  
Establish spending account  Yes  No

**Planned Gift:**

- Gift annuity
- Charitable Remainder Trust  
Trust Type: \_\_\_\_\_
- Bequest Type: \_\_\_\_\_
- Life Insurance
- Pooled Income

**PRIMARY SOURCE OF FUNDS:**

- Donor Contributions  Transfer from existing account (Attach Form UAFound 010-Request for Intra-foundation Transfer)
- Donor Pledges  Other (explain) \_\_\_\_\_

**USE OF FUNDS DETERMINED BY:**

- |  |   |
|--|---|
| <input type="checkbox"/> Donor                             | <input type="checkbox"/> Institution                  |
| <input type="checkbox"/> Faculty/Staff Support             | <input type="checkbox"/> Student Support              |
| <input type="checkbox"/> Lectureship                       | <input type="checkbox"/> Award                        |
| <input type="checkbox"/> Professorship                     | <input type="checkbox"/> Scholarship                  |
| <input type="checkbox"/> Endowed Chair                     | <input type="checkbox"/> Fellowship                   |
| <input type="checkbox"/> Faculty and Staff Development     | <input type="checkbox"/> Loan                         |
| <input type="checkbox"/> Property, Building, and Equipment | <input type="checkbox"/> Unrestricted (Discretionary) |
| <input type="checkbox"/> Research (Explain) _____          | <input type="checkbox"/> Other (Explain) _____        |
| <input type="checkbox"/> Special Event (Explain) _____     |   |

ADDITIONAL INFORMATION: \_\_\_\_\_

**Please read and complete the second page of this form.**

**FOUNDATION USE ONLY:**

No. \_\_\_\_\_

Rev. By: \_\_\_\_\_ Date: \_\_\_\_\_

**UNIVERSITY OF ARKANSAS FOUNDATION, INC.  
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**ACCOUNT  
MANAGER:**

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department, Building, Room Number, Campus

**Date:** \_\_\_\_\_ E-Mail Address

**AGREEMENT**

By my signature below, I agree to the terms of the operating or gift agreement as applicable to the account(s).

**ACCOUNT SIGNATURES**

Only the following individuals may authorize disbursements from the account.

**SIGNATORY 1**

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department, Building, Room Number, Campus

**Date:** \_\_\_\_\_ Signature

\_\_\_\_\_  
E-Mail Address

**SIGNATORY 2**

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department, Building, Room Number, Campus

**Date:** \_\_\_\_\_ Signature

\_\_\_\_\_  
E-Mail Address

**SIGNATORY 3**

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department, Building, Room Number, Campus

**Date:** \_\_\_\_\_ Signature

\_\_\_\_\_  
E-Mail Address

**If you have any questions or concerns before establishing this account, please call the Office of Development.**

Return completed form to: