

Succession Plan Agreement for a Donor Advised Fund



WELCOME TO THE COMMUNITY FOUNDATION FAMILY

Thank you for choosing the Community Foundation of North Central Washington. Our team is available to assist you at any time with a wide variety of services from creating your fund to ongoing grantmaking and charitable giving services. This document is intended to inform the Community Foundation of your desires regarding the succession plan of your fund. ***If you have any questions about this agreement, please call us at 509.663.7716.***

1 Donor Advised Fund Name

Fund Name: _____

2 Contact Information for Current Fund Advisor

*** NOTE:** After submitting this form, a representative of the Community Foundation of NCW will contact the Current Fund Advisor to discuss your decision, and to finalize the details of your desires regarding the succession plan of your fund.

Current Fund Advisor Contact Information

Full name (first, middle, last)

Home Address

City

State

Zip

Preferred Phone

Preferred Email

Have you created an estate or deferred gift to add to your fund after your lifetime?

Yes

No

Do you want to talk to our Executive Director about adding to your fund through an estate or deferred gift?

Yes

No

3 Contact Information for Professional Advisor (if applicable)

If you are working with a financial, tax or estate planning advisor to structure the succession plan to your fund, please complete the following:

Advisor name

Firm name

Business address (line 1)

City

State

Zip

Business address (line 2)

Business phone

Email

Succession Plan Agreement for a Donor Advised Fund

4 Succession Plan

You may request that portions of your Donor Advised Fund be administered in any or all of the following ways. **Total of percentages must equal 100%.**

TRANSFER any remaining assets of your Donor Advised Fund to the Community Foundation's unrestricted operating fund to help support the ongoing activities of the Community Foundation

% of fund value

NAME SUCCESSOR ADVISOR(S) to a Donor Advised Fund as listed in this agreement

% of fund value

CREATE A DESIGNATED FUND for the benefit of the nonprofit organization(s) named below

% of fund value permanent fund spend out over years

Organization: %
Organization: %
Organization: %

CREATE A NAMED UNRESTRICTED FUND to help meet the greatest needs of the North Central Washington area

% of fund value

CREATE A FIELD OF INTEREST FUND to help meet the greatest needs of North Central Washington area in a specified field.

% of fund value Field:

ADD TO AN EXISTING FUND held by the Community Foundation of NCW.

% of fund value

Fund Name: %
Fund Name: %
Fund Name: %

DISTRIBUTE % of the planned gift proceeds to the following nonprofit organizations:

Organization: %
Organization: %
Organization: %
%

TOTAL PERCENTAGE (Total must equal 100%)

(If you need to add more information, please make notes on page 4.)

Please list any special considerations or exclusions that may apply to your succession plan agreement:

Succession Plan Agreement for a Donor Advised Fund

5

Successor Advisors

Donors may designate individuals as successor advisor(s), who have privileges to make recommendations appropriate for the fund. A donor advisor may change this designation at any time by completing a new Succession Plan Agreement.

Successor Advisor Information

All fund correspondence will be sent to Successor Advisor 1, unless otherwise specified. If more than two advisors are desired, please attach additional information to this form. Furthermore, it is the responsibility of the designated successor advisor(s) to contact the Foundation at such time as he/she/they become donor advisor(s) to the fund.

Successor Advisor 1

Full name (first, middle, last)	Nickname	Preferred salutation (e.g. Mr. James L. Smith or Jim Smith)			
Home address	City	State	Zip		
Date of birth	Send mailings to: Home	Office	Add to mail list for:	Invite to events	Send statement copies
Business or organization name	Date of birth	Position			
Business address	City	State	Zip		
Preferred phone	Preferred Email				
Relationship with donor advisor					

Successor Advisor 2

Full name (first, middle, last)	Nickname	Preferred salutation (e.g. Mr. James L. Smith or Jim Smith)			
Home address	City	State	Zip		
Date of birth	Send mailings to: Home	Office	Add to mail list for:	Invite to events	Send statement copies
Business or organization name	Position				
Business address	City	State	Zip		
Preferred phone	Preferred Email				
Relationship with donor advisor					

I/We, as the donor(s), request that the successor advisor(s) named assume this responsibility on the following date
on the death of the current advisor(s)

I/We, as the donor(s), request that the fund be: maintained in one fund split evenly between successor advisors
successor advisors have discretion to split the fund special instructions attached

NOTES and additional information

*** NOTE:** *After submitting this form, a representative of the Community Foundation of NCW will contact the Current Fund Advisor to discuss your decision, and to finalize the details of your desires regarding the succession plan of your fund.*

If you have any questions about this agreement, please call us at 509.663.7716.