

Estate or Deferred Gift Agreement

WELCOME TO THE COMMUNITY FOUNDATION FAMILY

Thank you for choosing the Community Foundation for Greater Atlanta. Our team is available to assist you at any time with a wide variety of charitable giving services.

This document is intended to inform the Community Foundation of any estate or deferred gifts the Community Foundation should anticipate receiving through your estate plan. If you have any questions about this agreement, please call our director, gift planning, Christy Butler Eckoff at 404.588.3183.

Our legal name is The Community Foundation for Greater Atlanta, Inc. and our tax ID number is 58-1344646.

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Donor Information

Donor 1 (NOTE: *all correspondence will be sent to Donor 1 unless otherwise specified*)

| | | | | |
|--|-----------------|--|------|--------|
| Full name <i>(first, middle, last)</i> | Nickname | Preferred salutation <i>(e.g. Mr. James L. Smith or Jim Smith)</i> | | |
| Home address | City | State | Zip | |
| Date of birth | | Send mailings to my: | Home | Office |
| Business or organization name | Position | | | |
| Business address | City | State | Zip | |
| Preferred phone | Preferred Email | | | |

Donor 2 (NOTE: *all correspondence will be sent to Donor 1 unless otherwise specified*)

| | | | | |
|--|-----------------|--|------|--------|
| Full name <i>(first, middle, last)</i> | Nickname | Preferred salutation <i>(e.g. Mr. James L. Smith or Jim Smith)</i> | | |
| Home address | City | State | Zip | |
| Date of Birth | | Send mailings to my: | Home | Office |
| Business or organization name | Position | | | |
| Business address | City | State | Zip | |
| Preferred phone | Preferred Email | | | |



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Planned Gift

You may request that portions of your planned gift be administered in any or all of the following ways. Total of percentages must equal 100.

Transfer the planned gift to the Community Foundation’s unrestricted operating fund to help support the ongoing activities of the Community Foundation.

% of fund value

Create or add to a donor-advised fund for successor advisor(s) as listed later 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: %

(if more, please add a page)

Create a named unrestricted grantmaking fund to help meet the greatest needs of the metro Atlanta area.

% of fund value

Create a Field of Interest Fund to help meet the greatest needs of the greater Atlanta area in a specified field.

% of fund value Field:

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

Organization: %

Organization: %

Organization: %

(if more, please add a page)

Successor Advisors for Donor-advised Funds

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 for Donor-advised Funds

All donor-advised 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.



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Succession Plan (Donor-advised Fund Only) *continued*

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 mailing 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

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 mailing 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 fund be:

- maintained in one fund
- split evenly between successor advisors
- successor advisors have discretion to split the fund
- special instructions attached



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Fund Name – Please provide if the gift includes a new fund or adds to an existing fund.

| | |
|----------------------|----------|
| Existing fund (name) | New fund |
|----------------------|----------|

4

Type of Gift

Will/Bequest – expected value \$ _____ Date of will/trust _____
 Executor contact information _____

Name _____ Phone number _____

Address _____ City _____ State _____ Zip _____
Please attach a copy of the relevant page(s) from the will or trust document(s).

IRA/Retirement Plan – expected value \$ _____ % of IRA _____

The Community Foundation for Greater Atlanta’s Beneficiary Status: primary secondary contingent
Please attach a copy of the IRA/Pension Plan beneficiary documentation or provide information below:

Plan administrator _____ Account number or name _____

Contact _____ Phone number _____

Life Insurance – expected value \$ _____ % of policy _____

Agent _____ Phone number _____

The Community Foundation for Greater Atlanta’s beneficiary status: primary secondary
Please attach a copy of insurance policy beneficiary documentation including insurance company and policy number or provide below:

Insurance company _____ Policy number _____

Contact name and address _____

Charitable Remainder/Lead Trust – expected value \$ _____
Please attach copy of the trust document(s), or provide trustee information below.

Trustee _____ Contact information _____

Other – expected value \$ _____
 Please explain: _____

Please provide any further information you think the Community Foundation should know about your planned gift. Attach additional pages if needed.



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5 Professional Advisor — If you are working with a financial, tax or estate planning advisor, please complete the following:

| | | | |
|---------------------------|----------------|-------|-----|
| Advisor name | Firm name | | |
| Business address (line 1) | City | State | Zip |
| Business address (line 2) | Business phone | Email | |

6 Referral

How did you learn about the Community Foundation for Greater Atlanta? (please list contact)

Professional advisor:

Foundation donor:

Foundation employee:

Website or other media:

Other:

Would you be willing to be profiled in Foundation materials (i.e. annual report or website)? Yes No

7 Signatures Donors listed in Section 1 must sign below.

| | | |
|---|----------------------------|-------|
| Donor 1 | Name <i>(please print)</i> | |
| | Signature | Date |
| Donor 2 | Name <i>(please print)</i> | |
| | Signature | Date |
| Community Foundation for Greater Atlanta | Name <i>(please print)</i> | Title |
| | Signature | Date |