

Succession Plan Agreement for a Donor-advised Fund



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 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 after your death. If you have any questions about this agreement, please call our philanthropy team at 404.688.5525.

1 DONOR-ADVISED FUND NAME

Fund name: _____

2 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 the donor-advised fund to the Community Foundation's unrestricted operating fund to help support the ongoing activities of the Community Foundation and meet the greatest needs of the metro Atlanta area.

% of fund value - Operating Fund

% of fund value - Grant Fund Making

Retain in the donor-advised fund for successor advisor(s) as listed later in this agreement

% of fund value

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

% of fund value

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

% of fund value Field:

Distribute % of the fund value to the following nonprofit organizations:

Organization: %

Organization: %

Organization: %



SUCCESSION 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. 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.

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

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	Statements
Business or organization name	Position					
Business address	City	State	Zip			
Phone (preferred)	Email (preferred)		Ethnicity*			
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	Statements
Business or organization name	Position					
Business address	City	State	Zip			
Phone (preferred)	Email (preferred)		Ethnicity*			
Relationship with donor advisor						

*If you would like to provide information on ethnicity/race, it helps us compile statistics on philanthropic giving.



Successor Advisor 3

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: Event invites Send statement copies

Business or organization name Position

Business address City State Zip

Phone *(preferred)* Email *(preferred)* Ethnicity*

Relationship with donor advisor

Successor Advisor 4

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: Event invites Send statement copies

Business or organization name Position

Business address City State Zip

Phone *(preferred)* Email *(preferred)* Ethnicity*

Relationship with donor advisor

**If you would like to provide information on ethnicity/race, it helps us compile statistics on philanthropic giving.*



3 PROFESSIONAL ADVISOR

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	

4 SIGNATURES

**DONOR
ADVISOR 1**

Name (please print)

Signature

Date

**DONOR
ADVISOR 2**

Name (please print)

Signature

Date

**COMMUNITY
FOUNDATION FOR
GREATER ATLANTA**

Name (please print)

Title

Signature

Date

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 director of gift planning about adding to your fund through an estate or deferred gift? Yes No