NAME OF FUND: ________________________________

Succession Options

The Foundation encourages Fund Signers\(^1\) to create succession plans to meet their charitable objectives for the long-term. Signers have several options described below. Please select any or all of the following options for administering the assets remaining in the Donor-Advised Fund after the death or incapacity of the Signer(s). You may choose a combination of these options by indicating percentages.

☐ Address the Most Pressing Needs of the Triangle Region: Fund for the Triangle

Transfer _____% of the fund balance to invest in nonprofits, capacity building, research about community needs, and convenings of Foundation constituents.

☐ Invest in the Areas of Interest to You: A Field of Interest Fund

Transfer _____% of the fund balance to maximize positive impact in a particular area through regular grantmaking. Please select impact areas you most care about.

☐ Cultural Arts
☐ Education & Youth
☐ Environmental Resilience

☐ Economic Resilience
☐ Capacity Building

☐ Support the Charitable Organizations You Care About: A Designated Fund

Transfer _____% of the fund balance to support up to three (3) organization(s) as beneficiaries with the indicated annual distribution. Triangle Community Foundation may be included as a beneficiary.

_____% Organization: ________________________________

_____% Organization: ________________________________

_____% Organization: ________________________________

☐ Involve the Next Generation(s): Preserve the Donor-Advised Fund

Preserve _____% in the existing Donor-Advised Fund and allow the following individuals to serve as Successors\(^2\). If there are to be two or more Successors, only one will be an Authorized Fund Signer. Refer to the Donor-Advised Fund Guide for more information.

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\(^1\) Fund Signers
\(^2\) Successors
My Successor(s) □ may □ may not appoint other/future Successors to the Fund.

Successor 1 Full Name (First, Middle, Last): ____________________________________________

Relationship to Signer: ________________________________________________________________

Mailing Address (Street, City, State, Zip): ____________________________________________

Primary Phone: ___________________________ Email: ___________________________ Birthdate: __________

Successor 2 Full Name (First, Middle, Last): ____________________________________________

Relationship to Signer: ________________________________________________________________

Mailing Address (Street, City, State, Zip): ____________________________________________

Primary Phone: ___________________________ Email: ___________________________ Birthdate: __________

□ Sunset the Fund: Close a Non-endowed Fund

Distribute to organization(s) indicated below and close the fund. Triangle Community Foundation may be included as a beneficiary.

_________ % Organization: ___________________________________________________________________

_________ % Organization: ___________________________________________________________________

_________ % Organization: ___________________________________________________________________

In the Absence of a Succession Plan

If Fund Signers do not provide instruction for the succession of a Donor Advised Fund, the Fund will be administered by the Foundation in its sole discretion and in such a manner as determined by the Foundation will honor the charitable intent of the donor(s) and address the needs of the community.

Authorized Signatures

Fund Signer 1 signature: ________________________________________________________________

Print name: ___________________________ Date: ___________________________

Fund Signer 2 signature: ________________________________________________________________

Print name: ___________________________ Date: ___________________________

Foundation staff signature: ____________________________________________________________

Print name & title: ___________________________ Date: ___________________________

1. Signers are individuals with full authority to make decisions regarding the Fund.
2. Successors are made signers after the death or transfer of authority by existing signer.