



OFFICE USE ONLY
FUND ID _____
DATE _____

SUCCESSION PLANFORM

To authorize future plans for a Donor-Advised Fund

NAME OF FUND: _____

Succession Options

The Foundation encourages Fund Signers¹ 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.

- | | |
|---|--|
| <input type="checkbox"/> Cultural Arts | <input type="checkbox"/> Economic Resilience |
| <input type="checkbox"/> Education & Youth | <input type="checkbox"/> Capacity Building |
| <input type="checkbox"/> Environmental Resilience | |

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 Successors². 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.

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.