

To continue your charitable legacy, you can recommend a plan that could be implemented in the event of your death or incapacity.

Designated or Charity Funds

Fund Information

Please provide The Signatry with advice regarding the distribution of this fund in the event of your incapacity or death.

Fund Name _____

Fund ID _____

Option 1: Final Distributions to Designated Charity

Please provide recommendations on amount and timing for distributions. Funds will be distributed until the balance is \$0.

Grant Amount: \$ _____

_____ Monthly _____ Yearly

Option 2: Recommend Successor Advisors to Continue Advising Your Fund

Primary Successor

Full Name _____

Address _____
Street

City _____ State _____ Zip _____

Primary Phone Home Cell Business _____

Email Address _____

Date of Birth _____

Relation _____

Secondary Successor

Full Name _____

Address _____
Street

City _____ State _____ Zip _____

Primary Phone Home Cell Business _____

Email Address _____

Date of Birth _____

Relation _____

Donor Advised Funds

You can recommend various successor options for your donor advised to pass on your fund to multiple advisors, split it between charities, or a hybrid between these options. For more questions on recommending a plan, contact The Signatry at donorcare@thesignatry.com or 913-310-0279.

Fund Information

Fund Name _____

Fund ID _____

Successor Information

Successor

Recommend one:

Successor Advisor Charity Beneficiary

Full Name

Address

Street

City

State

Zip

Primary Phone Home Cell Business

Email Address

Date of Birth (if individual)

Relation (if individual)

Website (if organization)

Successor

Recommend one:

Successor Advisor Charity Beneficiary

Full Name

Address

Street

City

State

Zip

Primary Phone Home Cell Business

Email Address

Date of Birth (if individual)

Relation (if individual)

Website (if organization)

Successor

Recommend one:

Successor Advisor Charity Beneficiary

Full Name

Address

Street

City

State

Zip

Primary Phone Home Cell Business

Email Address

Date of Birth (if individual)

Relation (if individual)

Website (if organization)

Recommend One:

Successor Advisor Charity Beneficiary

Full Name

Address

Street

City

State

Zip

Primary Phone Home Cell Business

Email Address

Date of Birth (if individual)

Relation (if individual)

Website (if organization)

For each successor advisor listed, I would like to recommend the following:

- Split the fund into new donor advised funds for each successor
- Keep the fund as one donor advised fund with a single/multiple successor(s)

Acknowledgment

By signing below, I, the undersigned donor or authorized donor:

1. Certify that, to the best of my knowledge, all information I have provided is accurate and I will notify The Signatry promptly of any changes;
2. Understand that all assets held in a fund at The Signatry are The Signatry's property and subject to The Signatry's exclusive legal control;
3. Understand that funds granted from a fund can be used only for charitable purposes and not for the benefit of a donor or donor advisor or for any other purpose conferring impermissible private benefit;
4. Acknowledge that my capacity as a donor is advisory in nature and that The Signatry has the sole and exclusive authority and discretion to invest and disburse all assets in a fund;
5. Acknowledge that I have read and agree to this Application and The Signatry User Agreement.

Signature of Donor or Authorized Signer

Printed Name

Date

Signature of Donor or Authorized Signer

Printed Name

Date
