

## Instructions

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Please use this form to submit changes to your Fund. If you need assistance, call 913-310-0279.

### Return completed forms to:

**Mail or Overnight Delivery:**

The Signatry  
7171 W. 95th Street, Suite 501  
Overland Park, KS 66212

**Fax:**

913-227-0254

**Email:**

donorcare@thesignatry.com

## Fund Information

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Fund Name

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Fund Number

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## Changing Fund Name

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New Fund Name

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## Adding or Removing a Person on the Fund

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I would like to:

- Add** (allow access to fund information, including current and historical data and transactions regarding the fund)
- Remove** (terminate all access & rights to fund)

Full Name

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Company (if applicable)

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Address

Street

City

State

Zip

Primary Phone  Home  Cell  Business

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Email Address

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### Role (if adding)

- Donor/Grant Advisor**—full access to managing fund.
- Financial Advisor**—access to review contributions, adjust investment options and recommend grants.
- Interested Party**—review access only. (Donors often add their accountant or other professional advisors to this role.)

Fund Name \_\_\_\_\_

Fund Number \_\_\_\_\_

### Additional Person

I would like to:

- Add** (allow access to fund information, including current and historical data and transactions regarding the fund)
- Remove** (terminate all access & rights to fund)

Full Name \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Primary Phone  Home  Cell  Business \_\_\_\_\_

Email Address \_\_\_\_\_

### Role (if adding)

- Donor/Grant Advisor**—full access to managing fund.
- Financial Advisor**—access to review contributions, adjust investment options and recommend grants.
- Interested Party**—review access only. (Donors often add their accountant or other professional advisors to this role.)

### Adding Successors to the Fund

In the event of your death or incapacity, or the termination of your organization, The Signatry wishes to still carry out your goals regarding the fund. A succession plan allows us to continue your legacy.

You may designate 1) organizations to receive your grants from your fund or 2) successor advisor(s) to continue advising the fund in your absence. **On this and the following page, please fill out either Option 1 or Option 2.**

These are the two most common choices for fund succession, but beyond these options, you may tailor the fund's legacy for your individual wishes. To create a more in-depth plan, contact The Signatry at [donorcare@thesignatry.com](mailto:donorcare@thesignatry.com) or call 913-310-0279.

On this page and the next, please fill out either Option 1 or Option 2.

#### Option 1: Leaving Your Fund to Charities

Organization Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Street Street

City State Zip

City State Zip

Primary Phone  Home  Cell  Business \_\_\_\_\_

Primary Phone  Home  Cell  Business \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Portion of Fund to be Granted to the Organization: \_\_\_\_\_ %

Portion of Fund to be Granted to the Organization: \_\_\_\_\_ %

Fund Name

Fund Number

## Option 2: Naming Successor Advisors to Continue Advising Your Fund

### Primary Successor

### Secondary Successor

Full Name

Full Name

Address

Address

Street

Street

City

State

Zip

City

State

Zip

Primary Phone  Home  Cell  Business

Primary Phone  Home  Cell  Business

Email Address

Email Address

Date of Birth

Date of Birth

Relation

Relation

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

Split the fund into new donor advised funds for each successor

\_\_\_\_\_ % to be placed in **primary** successor's fund

\_\_\_\_\_ % to be placed in **secondary** successor's fund

Keep the fund as one donor advised fund with a single/multiple successor(s)

To create a more in-depth succession plan, contact The Signatry at [donorcare@thesignatry.com](mailto:donorcare@thesignatry.com) or call 913-310-0279.

Fund Name \_\_\_\_\_

Fund Number \_\_\_\_\_

## Changing Investment Pools

A donor advised fund with The Signatry can be separately managed by a financial advisor of your choice (subject to approval by The Signatry), or it can be invested in The Signatry's biblically responsible investment pools (at [thesignatry.com/donor-advised-fund/investment-pools/](https://thesignatry.com/donor-advised-fund/investment-pools/)).

If you choose to have the donor advised fund invested with The Signatry's biblically responsible investment pools, please indicate below what percentage of your fund you would like invested in each pool:

### Investment Pools

- \_\_\_\_\_ % **Money Market**—100% fixed income holdings
- \_\_\_\_\_ % **Capital Preservation Model**—5% equity holdings
- \_\_\_\_\_ % **Conservative Income**—25% equity holdings
- \_\_\_\_\_ % **Income & Growth Model**—50% equity holdings
- \_\_\_\_\_ % **Growth Model**—70% equity holdings
- \_\_\_\_\_ % **Aggressive Growth Model**—95% equity holdings
- \_\_\_\_\_ % **Domestic Index Pool**—95% equity holdings
  
- 100% Total**

## Acknowledgment

By signing below: (1) I, the undersigned donor, understand that all gifts to this fund are irrevocable and nonrefundable gifts to The Signatry for charitable purposes; (2) I acknowledge that I have read and agree to this Form and The Signatry User Agreement (which includes details regarding the terms used in this Application, the parties' roles and responsibilities, limitations of liability, an arbitration clause (including a class action waiver), indemnification of The Signatry, and other terms and conditions) which are available on The Signatry's website (at [thesignatry.com/agreement](https://thesignatry.com/agreement)) or upon request; (3) I 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; and (4) I also understand 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 the property transferred.

Signature \_\_\_\_\_

Printed Name of Donor \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name of Donor \_\_\_\_\_

Date \_\_\_\_\_