## CHANGE OF SUCCESSION PLAN

2.

DESIGNATE SUCCESSOR DONE Upon the death, incapacity, or refusal to in several ways. You can name a succes both. If no successor donor-advisor(s) of transferred to the Gift Fund's Unrestricted	serve of ALL dono sor donor-advisor or charitable organ	or-adviso (s), desig	ors, the funds r gnate a charita	emaining in tl ble organizati	on(s), or a cor	nbination of
If you choose to name a successor donor-advisor(s) AND charitable organization(s), the percentage allocated to the charitable organization(s) will be distributed first, then the remaining balance will be allocated to the successor donor-advisor(s) as specified.						
If you are naming more than one successor donor-advisor, please indicate whether you want these individuals to share the responsibility for the current account or to split the account into several new accounts – one for each successor.						
Total allocation for this section MU	IST add up to 10	00% (PI	ease make a	dditional co	pies if nece	ssary)
O Share Current Account	O Split Into New Accounts					
1. Successor Donor-Advisor		%	□ Mr.	☐ Mrs.	□ Ms.	□ Dr.
FIRST NAME	MIDDLE INITIAL		LAST NAME			
STREET ADDRESS						
CITY	STATE		ZIP			
DATE OF BIRTH			SSN			
PRIMARY PHONE NUMBER			EMAIL ADDR	ESS		
2. Successor Donor-Advisor		%	☐ Mr.	☐ Mrs.	□ Ms.	□ Dr.
FIRST NAME	MIDDLE INITIAL		LAST NAME			
STREET ADDRESS						
CITY	STATE		ZIP			
DATE OF BIRTH			SSN			
PRIMARY PHONE NUMBER			EMAIL ADDR	ESS		

1. ACCOUNT NAME: \_\_\_\_\_\_ ACCOUNT #:\_\_\_\_\_



3. Successor Donor-Advisor		%	☐ Mr.	☐ Mrs.	☐ Ms.	□ Dr.
FIRST NAME	AUDDI E INITIAL		LASTNAMS			
FIRST NAME	MIDDLE INITIAL		LAST NAME	:		
STREET ADDRESS						
CITY	STATE		ZIP			
DATE OF BIRTH			SSN			
PRIMARY PHONE NUMBER			EMAIL ADD	RESS		
4. Successor Donor-Advisor		%	☐ Mr.	☐ Mrs.	☐ Ms.	□ Dr.
FIRST NAME	MIDDLE INITIAL		LAST NAME	Ξ		
STREET ADDRESS						
CITY	STATE		ZIP			
DATE OF BIRTH			SSN			
PRIMARY PHONE NUMBER			EMAIL ADD	RESS		
5. Beneficiary Charitable Organ	nization		C	%		
NAME OF ORGANIZATION						
STREET ADDRESS						
CITY	STATE		ZIP			
FEDERAL TAX ID NUMBER (IF KNOWN)			PHONE NUM	MBER		
6. Beneficiary Charitable Organ	nization		O,	<b>%</b>		
NAME OF ORGANIZATION						
STREET ADDRESS						
CITY	STATE		ZIP			
FEDERAL TAX ID NUMBER (IF KNOWN)		PHONE NUI	MBER			



7. Beneficiary Charitable Organizatio	n %				
NAME OF ORGANIZATION					
NAME OF ORGANIZATION					
STREET ADDRESS					
CITY STAT	E ZIP				
FEDERAL TAX ID NUMBER (IF KNOWN)	PHONE NUMBER				
8. Beneficiary Charitable Organizatio	n %				
NAME OF ORGANIZATION					
STREET ADDRESS					
CITY STAT	E ZIP				
FEDERAL TAX ID NUMBER (IF KNOWN)	PHONE NUMBER				
TOTAL ALLOCATION <u>MUST</u> ADD UP TO	100%	100%			
SIGNATURES REQUIRED: (All donor-ac	dvisors must sign below)				
DONOR-ADVISOR #1 SIGNATURE	DONOR-ADVISOR #1 NAME (print)	DATE			
DONOR-ADVISOR #2 SIGNATURE	DONOR ADVISOR #2 NAME (oxint)	DATE			
DONOR-ADVISOR #2 SIGNATURE	DONOR-ADVISOR #2 NAME (print)	DATE			
DONOR ARVISOR "T SIGNATUS	DONOR ADVISOR IIZ NAME ( )	DATE			
DONOR-ADVISOR #3 SIGNATURE	DONOR-ADVISOR #3 NAME (print)	DATE			



3.