



# Change of Succession Plan

**1. Account Name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

## 2. Designate Successor Donor-Advisor(s)/Beneficiary (ies)

Upon the death, incapacity, or refusal to serve of **ALL** donor-advisors, the funds remaining in the account can be handled in several ways. You can name a successor donor-advisor(s), designate a charitable organization(s), or a combination of both. If no successor donor-advisor(s) or charitable organization(s) are named, the balance of the account will be transferred to the Gift Fund's Unrestricted Fund.

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.

Please make additional copies if necessary.

**Total allocation MUST add up to 100%.**

Share Current Account

Split Into New Accounts

### 1. Successor Donor-Advisor

 %

Mr.                      Mrs.                      Ms.                      Dr.

\_\_\_\_\_  
First Name    Middle Initial    Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City    State    Zip Code

\_\_\_\_\_  
Date of Birth    Tax ID or SSN

\_\_\_\_\_  
Primary Phone Number    Email Address

### 2. Successor Donor-Advisor

 %

Mr.                      Mrs.                      Ms.                      Dr.

\_\_\_\_\_  
First Name    Middle Initial    Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City    State    Zip Code

\_\_\_\_\_  
Date of Birth    Tax ID or SSN

\_\_\_\_\_  
Primary Phone Number    Email Address



**3. Successor Donor-Advisor**

Mr. Mrs. Ms. Dr.

\_\_\_\_\_  
 First Name Middle Initial Last Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 Date of Birth Tax ID or SSN

\_\_\_\_\_  
 Primary Phone Number Email Address

**4. Successor Donor-Advisor**

Mr. Mrs. Ms. Dr.

\_\_\_\_\_  
 First Name Middle Initial Last Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 Date of Birth Tax ID or SSN

\_\_\_\_\_  
 Primary Phone Number Email Address

**5. Beneficiary Charitable Organization**

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

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 Federal Tax ID Number (if known) Telephone Number

**6. Beneficiary Charitable Organization**

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

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 Federal Tax ID Number (if known) Telephone Number



**7. Beneficiary Charitable Organization**

\_\_\_\_\_ %

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Federal Tax ID Number (if known) Telephone Number

**8. Beneficiary Charitable Organization**

\_\_\_\_\_ %

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Federal Tax ID Number (if known) Telephone Number

**Total allocation MUST add up to 100%:** \_\_\_\_\_ %

**3. Signatures Required** (All donor-advisors must sign below.):

_____ Donor-Advisor #1 Signature	_____ Donor-Advisor #1 Name (print)	_____ Date
_____ Donor-Advisor #2 Signature	_____ Donor-Advisor #2 Name (print)	_____ Date
_____ Donor-Advisor #3 Signature	_____ Donor-Advisor #3 Name (print)	_____ Date