

Succession Plan / Planned Gift Questionnaire

Welcome to The Greater PineBelt Community Foundation family.



Thank you for choosing to be a part of The Greater PineBelt Community Foundation (PineBelt Foundation). We are committed to connecting you with the community and to the causes that are important to you. Our staff is available to assist you at any time with a wide variety of services, from creating your fund to ongoing grantmaking and charitable giving services. If you elect to make a planned gift under your will or estate, the following information will help us honor your intention(s).

This document is intended to inform the PineBelt Foundation of your desires regarding the administration of your fund after your death and of any planned gifts the PineBelt Foundation should anticipate receiving through your estate plan. If you have any questions about this questionnaire, please call the PineBelt Foundation at 601.583.6180.

1 donor information

Full Name (First, Middle, Last)

Spouse Full Name (First, Middle, Last)

Home Address

City

State

Zip

Send mailings to my: Home Office

Date of Birth

Business or Organization Name

Position

Business Address

City

State

Zip

Home Phone

Business Phone

E-Mail (Preferred)

How would you like to be addressed?

e.g. Mr. and Mrs. John H. Smith; John and Sally

2 name your fund

Fund Name: _____

3 succession plan- what type of fund?

You may request that portions of your fund be administered in any or all of the following ways upon your death. Percentage total must equal 100.

Create a Donor Advised Fund, I would like to provide advisory privileges to Successor Advisor(s) as listed later in this agreement. (\$10,000 minimum required)
\$ _____ of fund value

Create or contribute to a Designated Fund for the benefit of the organization(s) named below (must be a 501(c)3, church or school): (\$10,000 minimum required).

Name of New Designated Fund: _____

Contribute to an already named Designated Fund: _____

\$ _____ of fund value Nonprofit organizations and percentage of payout:

_____ %

_____ %

_____ %

Create or contribute to a Field of Interest Fund to help meet the greatest needs of the PineBelt area in a specified field ((e.g., arts, health, animal welfare, education, etc.). *All new Field of Interest Funds must be pre-approved by the PineBelt Foundation.* (\$10,000 minimum required)

Name of New Field of Interest Fund: _____

Contribute to an already named Field of Interest Fund: _____

\$ _____ of fund value Field(s): _____

Create or contribute to a Scholarship Fund, for the purpose of making grants to individuals to be used exclusively for tuition and fees at educational institutions consistent with the PineBelt Foundation's "Scholarship Guidelines and Procedures."

Name of New Scholarship Fund: _____

Contribute to an already named Scholarship Fund: _____

\$ _____ of fund value

Contribute to "The Pine Belt Community Enhancement Fund," an unrestricted fund which broadly supports the well-being and vitality of the Pine Belt area. Decision about grants are made by the PineBelt Foundation's Board of Directors, relying on their extensive knowledge and experience of the community, knowing which needs are most pressing.

\$ _____ of fund value

Contribute to the "Partners of the PineBelt Foundation Fund," funding through this program is critically important in helping the PineBelt Foundation to fulfill its mission. Funds help our operations.

\$ _____ of fund value

Other Instructions: _____

Successor Advisor Information (applies only to Donor Advised Funds)

Successor Advisor(s) have privileges to make recommendations appropriate for your fund. All fund correspondence will be sent to Successor Advisor 1, unless otherwise specified. If more than two advisors are desired, please attach additional information to this form. Furthermore, it is the responsibility of the designated Successor Advisor(s) to contact the Foundation at such time as he/she becomes Advisor(s) to your fund.

Successor Advisor 1

Full Name (First, Middle, Last)		Preferred Salutation (e.g. Mr. James L. Smith)		
Home Address	City	State	Zip	
		Send mailings to my: Home <input type="checkbox"/> Office <input type="checkbox"/>		
Date of Birth				
Business or Organization Name		Position		
Business Address		City	State	Zip
Home Phone	Business Phone	Cell Phone	E-Mail	

Successor Advisor 2

Full Name (First, Middle, Last)		Preferred Salutation (e.g. Mr. James L. Smith)		
Home Address	City	State	Zip	
		Send mailings to my: Home <input type="checkbox"/> Office <input type="checkbox"/>		
Date of Birth				
Business or Organization Name		Position		
Business Address		City	State	Zip
Home Phone	Business Phone	Cell Phone	E-Mail	

I/We, as the Donor(s), request that the Successor Advisor(s) named assume this responsibility on
(1) ____ the following date ____/____/____ or,
(2) ____ on the death of the present Advisor(s)

4 planned gifts

Have you created a planned gift?

If yes, can we list you in our Legacy Society? This information will be on our Website and listed in our communication materials. Yes No

Yes—please describe the planned gift below

No—May we contact you and discuss planned giving options?

Yes No

Type of Planned Gift

Will/Bequest—expected value \$ _____

IRA/Pension Plan—expected value \$ _____

Life Insurance—expected value \$ _____

Charitable Remainder Trust—expected value \$ _____

Other—Expected value \$ _____

Please explain: _____

Please provide any further information that you'd like us to know about your planned gift (for example, whether the Foundation is the primary or secondary beneficiary on your IRA or Life Insurance):

5 all funds

For investment purposes, the Foundation typically combines all the Funds it administers to maximize returns and minimize expenses. However, the Foundation will at all times maintain the identity and integrity of your Fund for distribution purposes.

6 gift instructions

I (we) desire this gift remain anonymous.

Gifts may be added to this fund at anytime by anyone

I would like publicity on the fund. Remarks: _____

7 professional advisor(s)

If you are working with a financial, tax or estate planning advisor to structure the gifts to your fund, please complete the following.

Attorney

CPA

Financial Planner

Other

Professional Advisor's Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I/We have additional advisors and have included an addendum with their contact information.

I/We authorize the PineBelt Foundation to exchange information about my gift with this advisor(s).

8 referral

How did you learn about The Greater PineBelt Community Foundation? (please check all that apply)

Professional Advisor _____

Foundation Donor _____

Foundation Employee _____

Website or Other Media _____

Other _____

Would you be willing to be profiled in the PineBelt Foundation communication materials?

Yes No

9 signatures

Donor Advisor(s) listed in Section 1 must sign below.

Policies and Procedures

Gifts made during life are effective when received by the Foundation. Gifts conveyed via testamentary instrument (e.g., a will or testamentary trust) are not deemed complete until death and you may amend your will any time prior to death. Once the gift is transferred to the Foundation, it becomes final and is not refundable.

Service Charges

The PineBelt Foundation will receive as compensation for its services in investing, administering and distributing the funds hereunder, the service charges that customarily apply.

Investments

The undersigned understands that investments will be administered in accordance with the policies of The PineBelt Foundation. The undersigned acknowledges that investments are subject to market and interest rate fluctuation risks, and that any gain or loss generated by the above investments will be credited or charged to the fund. The total investment return of each investment vehicle is net of its operating expenses.

Indemnity

In consideration of the PineBelt Foundation's creating a Fund at the request of the individual(s) or entity named and for other good and valuable consideration, the undersigned hereby agrees to indemnify and hold harmless the PineBelt Foundation, its directors, officers and other representatives, against any liability, cost, or expense which the PineBelt Foundation may incur by reason of its acting upon recommendations given to the PineBelt Foundation by any of the authorized persons named.

Variance Power

It is understood that any Fund established will be subject to the provisions of the Articles of Incorporation and Bylaws of the PineBelt Foundation, including the power reserved by the Board of Directors to modify any condition or restriction on the distribution of funds if in its sole judgment (without the approval of any trustee, custodian or agent), such restriction or condition becomes, in effect, unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the area served by the PineBelt Foundation.

Donor 1

Signature

Name (Please Print)

Date

Donor 2

Signature

Name (Please Print)

Date