

Succession Plan

Please use this form to specify Succession Plans for your Giving Fund and send back to the ImpactAssets Operations Center.

Options

Donors have the option of:

- Supporting ImpactAssets' permanent fund, which will be used to create jobs, preserve the environment, promote sustainable development, improve healthcare, build homes, and change lives worldwide,
- Electing individuals to succeed them on the account with full rights as Donors,
- Or, recommending charitable organizations to receive the remaining assets, as the beneficiary upon the death, incapacity or other disqualification of ALL Advisors of the account.

Note: You may choose a combination of all three (total must equal 100%). If no option is selected, the succession plan will default to Option (1). Refer to the Program Circular for details. A Donor can change this election at any time by notifying ImpactAssets, in writing.

1. I would like to name ImpactAssets as the beneficiary of the Giving Fund account.

% of Giving Fund Account Value

2. I would like to name the following individual(s) as beneficiaries of the Giving Fund account.

Please select one of the following options to determine how the account will be held by the successor(s):

- Person(s) named below succeeds the account with full rights as Donor(s).

Please Note: Will default to this option if neither is selected.

- Persons named below split the remaining, undistributed assets establishing separate accounts (\$5,000 minimum/account) with full rights as Donor(s).

Successor #1

Successor #2

Name (First, Middle, Last)

Name (First, Middle, Last)

Social Security No. (Last 4 digits)

Social Security No. (Last 4 digits)

Email

Phone

Email

Phone

% of Giving Fund Value

% of Giving Fund Value

3. I would like to name the following Charitable Organizations as beneficiaries of my Giving Fund account. Consider the below-named organizations (Must be 501(c)(3) U.S.-based Public Charities) as recommended grant recipients upon the death or legal incapacity of all Donors. (Please list additional organizations and percentages on a separate page.)

Organization #1

Organization #2

Organization

Federal Tax ID **Phone**

Home Office (must not contain P.O. Box)

City **State** **Post Code**

% of Giving Fund Value

Organization

Federal Tax ID **Phone**

Home Office (must not contain P.O. Box)

City **State** **Post Code**

% of Giving Fund Value

Signatures

I acknowledge that I have read the Program Circular and agree to the terms and/or conditions described therein. (Please attach any additional donor signatures.)

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Donor 1 Signature	Name (Please Print)	Date	/ /
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Donor 2 Signature	Name (Please Print)	Date	/ /