

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:

1. 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,
2. Electing individuals to succeed them on the account with full rights as Donors,
3. 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. _____
% of Giving Fund Value

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

 - Persons named below split the remaining, undistributed assets establishing separate accounts (\$5,000 minimum/account) with full rights as Donor(s). If minimum cannot be met, option will default to option 1).

Successor # 1

Name (First, Middle, Last)

Social Security No. _____
Date of Birth

Mailing Address

City _____
State _____
Post Code

Email _____
Daytime Phone

% of Giving Fund Value

Successor # 2

Name (First, Middle, Last)

Social Security No. _____
Date of Birth

Mailing Address

City _____
State _____
Post Code

Email _____
Daytime Phone

% of Giving Fund Value



3. I would like to name the following Charitable Organizations as beneficiaries of the Giving Fund. 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. If any of the below named charities is not in existence at the time of transfer or is not a legal recipient of funds the intended donation will be allocated proportionately amongst the other options selected. (Please list additional organizations and percentages on a separate page.)

Organization # 1

Organization Name
Federal Tax ID
Mailing Address
City State Post Code
Contact Email Daytime Phone
% of Giving Fund Value

Organization # 2

Organization Name
Federal Tax ID
Mailing Address
City State Post Code
Contact Email Daytime Phone
% 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).

Donor Signature Name (Please Print) Date

Donor Signature Name (Please Print) Date