



Succession Plan Form

For Non-Endowed and Quasi-Endowed Funds Only

Gift Fund Name: _____ **Fund Number:** _____ **Date:** _____

Donors may request that, upon such time as the charitable purpose of the Gift Fund has been fully satisfied, or upon the death or incapacity of the Gift Fund's last surviving Advisor (including any designated Successor Advisors), any assets remaining in the Gift Fund shall be administered in any or all of the ways set out below.

Please choose one or more of the following. The total should equal 100%.

1. SUPPORT NONPROFIT CHARITIES MEETING COMMUNITY NEEDS

Transfer _____% of the Fund balance to support nonprofit public charities chosen by the Board of Directors to meet community needs. If you have a preference for a specific fund or a geographic area, please list here:

2. SUPPORT THE FOUNDATION'S OPERATING ENDOWMENT

Transfer _____% of Fund balance to the Foundation's Operating Endowment Fund to help strengthen the Foundation.

3. CREATE A DESIGNATED ENDOWMENT FUND TO SUPPORT AN ORGANIZATION IN PERPETUITY

Transfer _____% of the balance to create the _____ **Endowment Fund** at Foundation For The Carolinas for the benefit of the organization named below. Should you wish to name additional organizations, please attach a list to this form. Minimum initial contribution is \$10,000.

Nonprofit Organization: _____

Contact Person: _____

Street Address: _____

City, State, Zip: _____

Special Instructions: _____

4. DISTRIBUTE REMAINING BALANCE TO ORGANIZATION(S) OF YOUR CHOICE

Transfer _____% of the Fund balance to be paid as one time grants for **immediate distribution** upon the death of the last surviving Advisor to the organization(s) named below:

Organization/Address: _____ Amount/Percentage of Balance _____

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Organization/Address: _____ Amount/Percentage of Balance _____

At least one Advisor must sign to authorize the change:

I (we) understand, as set forth in the Charitable Giving Guide, that all Funds are subject to the policies of Foundation For The Carolinas and that the information set forth in this document is true and accurate to the best of my (our) knowledge.

Signature _____ Date _____

Signature _____ Date _____

Mail **original signed copy** to: Foundation For The Carolinas, 220 North Tryon Street, Charlotte, NC 28202