



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. Make Direct Distributions to Organization(s)

Transfer a percentage of the Fund balance to support nonprofit public charities.

One-Time Distribute over period of years (please specify): _____

Organization/Designation: _____

Address: _____

EIN: _____ (% or Amount): _____

Organization/Designation: _____

Address: _____

EIN: _____ (% or Amount): _____

2. Endow a Specific Charitable Organization

Create an **Endowed Designated Gift Fund** to benefit your favorite organization(s) named below. If appropriate, you may complete an FFTC Designated Fund agreement.

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.

Organization: _____

Designation: _____

Contact Person: _____

Street Address: _____

City, State, Zip: _____

3. Name Your Successors _____ (% or Amount)

Add to or create a new **FFTC Donor Advised Fund** and name successors who will carry out your philanthropic vision and offer recommendations for the fund. List the successor advisors below and if appropriate, you may complete an FFTC Donor Advised Fund agreement.

4. Create an FFTC Scholarship Endowment Fund: _____ (% or Amount)

Scholarship Funds provide grants for educational purposes for primary, secondary, undergraduate, and graduate schools. **A separate Scholarship Fund Agreement must be completed.**

5. Support FFTC's Community Grantmaking:

Discretionary grantmaking by FFTC is conducted in partnership with the Foundation team and community volunteers, including regional affiliate boards of advisors, to honor areas of interest important to our donors and to achieve maximum community impact.

Designate a portion of your Fund balance to one or more endowments providing permanent support for vital causes in our community. These funds utilize FFTC's grantmaking expertise and knowledge of local issues to make investments in our community's future

Health and Human Services: _____ (% or Amount)

Enable community members to lead safe, just and healthy lives.

Specifics:

Education and Youth Development: _____ (% or Amount)

Ensure opportunities for individuals to achieve their full potential.

Specifics:

Arts and Culture: _____ (% or Amount)

Sustain a thriving arts community and preserve our region's diverse culture.

Specifics:

Environment and Wildlife: _____ (% or Amount)

Protect natural resources, wildlife and green space in our region and beyond.

Specifics:

Animal Welfare: _____ (% or Amount)

Support the well-being of pets and other domestic animals.

Specifics:

Evolving Needs and Opportunities: _____ (% or Amount)

Spearhead civic leadership efforts in our community and respond to evolving or unexpected needs and opportunities.

Specifics:

Our Region: _____ (% or Amount)

Our Regional Affiliates are led by local advisory boards and share a vision to inspire philanthropy and strengthen their unique communities. Through annual place-based grantmaking that reflects current community needs, each advisory board supports local nonprofits now and for generations to come. If you would like for your planned gift to benefit one of the Foundation's 13 counties, please indicate so below.

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