

## DAF SUCCESSION PLAN CHANGE FORM

Use this form to update the successor options of your Donor Advised Fund. By completing and submitting this form, your selections will replace any existing successor options currently on file.

### 1. Name of your Donor Advised Fund

Fund name	Account number
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### 2. Choose a Succession Plan

Choose what will happen to your Fund when all Donor Advisors named in Section 2 are unable or unwilling to act in that capacity.

If checked, complete Section 2a.

**Option 1:** Pass current Fund privileges to others. Retain the assets in your Fund and appoint up to two Successor Donor Advisors.

If checked, complete Section 2b.

**Option 2:** Establish recurring grants to charities. Recommend annual recurring grants based on a percentage of the fund's balance.

**Option 3:** Transfer assets to the Board of Directors Philanthropic Fund. This Fund is managed by our Board of Directors and used to grant to a variety of charitable causes.

If a valid succession plan is not in effect, remaining Fund assets will be transferred to the Board of Directors Philanthropic Fund.

### 2a. Name Successor Donor Advisors

If you selected Option 1 as a succession plan, name Successor Donor Advisors here.

#### Successor Donor Advisor A

First name	Middle initial	Last name	
Date of birth (mm/dd/yyyy)	Daytime phone number	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile	
Physical address			
City	State	Zip	
Email address			
Relationship to Donor Advisor(s)			

A Successor Donor Advisor (SDA) is nominated to act as Donor Advisor (DA) once all current DA(s) either decide not to serve or are otherwise unable to serve due to incapacity, disability, or death.

A SDA has no DAF privileges until AGF receives written evidence of all current DA(s) unwillingness or inability to serve as DA.

A Successor Advisor may be one or two individuals, including a spouse, relative or other individual, who have reached the age of 18.

Current DA(s) may not also be nominated as SD(s).

**Successor Donor Advisor B** (optional)

First name	Middle initial	Last name
Date of birth (mm/dd/yyyy)	Daytime phone number	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile
Physical address		
City	State	Zip
Email address		
Relationship to Donor Advisor(s)		

## 2b. Establish Recurring Grants to Charities

If you selected Option 2 as a succession plan, name one or more charities here, and set the annual grant amount to be a percentage of the total assets in the DAF.

**Charitable Organization A**

Charity legal name		EIN if available
Charity contact name		Phone number
Email address		Website address
Mailing address		
City	State	Zip
Annual grant amount %	Given anonymously <input type="checkbox"/> Yes <input type="checkbox"/> No	Grant Purpose <input type="checkbox"/> General purpose <input type="checkbox"/> Other:
Special instructions		

Grants can only be made to IRS-qualified public charities that are exempt under section 501(c)(3) of the Internal Revenue Code.

Interested in leaving a charitable legacy that can have a positive impact for years to come? Enter grant percentages that, in total, comprise a minimum of 5% of the total assets in the DAF.

**Charitable Organization B**

Charity legal name		EIN if available
Charity contact name		Phone number
Email address		Website address
Mailing address		
City	State	Zip
Annual grant amount %	Given anonymously <input type="checkbox"/> Yes <input type="checkbox"/> No	Grant Purpose <input type="checkbox"/> General purpose <input type="checkbox"/> Other:
Special instructions		

### Charitable Organization C

Charity legal name		EIN if available
Charity contact name		Phone number
Email address		Website address
Mailing address		
City		State Zip
Annual grant amount %	Given anonymously <input type="checkbox"/> Yes <input type="checkbox"/> No	Grant Purpose <input type="checkbox"/> General purpose <input type="checkbox"/> Other:
Special instructions		

## 3. Signature

### Donor Advisor

I affirm that I am the Donor Advisor for this fund, and I am authorized to submit this request for changes to the succession plan as indicated above.

X

Signature

Date

Print full name

Email address

Phone number

Please send the completed form to [agfteam@giftfund.org](mailto:agfteam@giftfund.org) or mail it to the address below.

### The American Gift Fund

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Call Us Toll Free at 800-441-7698



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