

Succession Plan

Please complete this form to specify Succession Plans for your ImpactAssets Donor Advised Fund account and email clientservice@impactassets.org to request a secure messaging link for submission. For other submission options, send the completed form:

BY EMAIL

clientservice@impactassets.org

BY FAX

301.263.7998

BY MAIL

ImpactAssets
4340 East West Highway, Suite 210
Bethesda, MD 20814
Telephone: 855.482.2946

Donor Advised Fund Account Information

ImpactAssets Account Name

ImpactAssets Account ID

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 Donors 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 ImpactAssets Donor Advised Fund account.

% of ImpactAssets Donor Advised Fund Account Value

2. ☐ I would like to name the following individual(s) as beneficiaries of the ImpactAssets Donor Advised 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 (\$25,000 minimum/account) with full rights as Donor(s).

Successor #1

Name (First, Middle, Last)

Social Security No. (Last 4 digits)

Email

Phone

% of ImpactAssets Donor Advised Fund Account Value

Successor #2

Name (First, Middle, Last)

Social Security No. (Last 4 digits)

Email

Phone

% of ImpactAssets Donor Advised Fund Account Value

3. ☐ I would like to name the following Charitable Organizations as beneficiaries of my ImpactAssets Donor Advised 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

Federal Tax ID

Phone

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

City

State

Post Code

% of ImpactAssets Donor Advised Fund Account Value

Organization #2

Organization

Federal Tax ID

Phone

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

City

State

Post Code

% of ImpactAssets Donor Advised Fund Account Value

Signature

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