



## Estate or Deferred Gift Agreement

**Welcome to the Community Foundation family.** Thank you for choosing the Community Foundation for Greater Atlanta. Our staff is available to assist you at any time with a wide variety of charitable giving services.

This document is intended to inform the Community Foundation of any estate or deferred gifts the Community Foundation should anticipate receiving through your estate plan. If you have any questions about this agreement, please call our director of gift planning at 404.688.5525.

Our legal name is The Community Foundation for Greater Atlanta, Inc. and our tax ID number is 58-1344646

**1**

### DONOR INFORMATION

**Donor 1** (NOTE: all correspondence will be sent to Donor 1 unless otherwise specified)

Full Name (First, Middle, Last)		Nickname	Preferred Salutation (e.g. Mr. James L. Smith or Jim Smith)	
Home Address		City	State	Zip
Date of Birth		Send mailings to my: <input type="checkbox"/> Home <input type="checkbox"/> Office		
Business or Organization Name		Position		
Business Address		City	State	Zip
Home Phone	Mobile Phone	Business Phone	E-Mail (Preferred)	

**Donor 2** (NOTE: all correspondence will be sent to Donor 1 unless otherwise specified)

Full Name (First, Middle, Last)		Nickname	Preferred Salutation (e.g. Mr. James L. Smith or Jim Smith)	
Home Address		City	State	Zip
Date of Birth		Send mailings to my: <input type="checkbox"/> Home <input type="checkbox"/> Office		
Business or Organization Name		Position		
Business Address		City	State	Zip
Home Phone	Mobile Phone	Business Phone	E-Mail (Preferred)	

**2**

**PLANNED GIFT**

You may request that portions of your planned gift be administered in any or all of the following ways. Total of percentages must equal 100.

- Transfer the planned gift to the Community Foundation’s unrestricted operating fund to help support the ongoing activities of the Community Foundation

% of fund value

- Create or add to a donor-advised fund for successor advisor(s) as listed later in this agreement

% of fund value

- Create a designated fund for the benefit of the nonprofit organization(s) named below

% of fund value       permanent fund       spend out over  years

Organization:   %

Organization:   %

Organization:   %

*(if more, please add a page)*

- Create a named unrestricted Common Good Fund to help meet the greatest needs of the Metro Atlanta area.

% of fund value

- Create a Field of Interest Fund to help meet the greatest needs of the Greater Atlanta area in a specified field.

% of fund value      Field:

- Distribute  % of the planned gift proceeds to the following nonprofit organizations:

Organization:   %

Organization:   %

Organization:   %

*(if more, please add a page)*

**Successor Advisors for Donor-advised Funds**

Donors may designate individuals as successor advisor(s), who have privileges to make recommendations appropriate for the fund. A donor advisor may change this designation at any time by completing a new Succession Plan Agreement.

**Successor Advisor Information for Donor-advised Funds**

All donor-advised fund correspondence will be sent to successor advisor 1, unless otherwise specified. If more than two advisors are desired, please attach additional information to this form. Furthermore, it is the responsibility of the designated successor advisor(s) to contact the Foundation at such time as he/she/they become donor advisor(s) to the fund.

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## SUCCESSION PLAN (Donor-advised Fund only) (continued)

### Successor Advisor 1

Full Name <small>(First, Middle, Last)</small>		Nickname	Preferred Salutation <small>(e.g. Mr. James L. Smith or Jim Smith)</small>	
Home Address		City	State	Zip
Date of Birth	Send mailings to: <input type="checkbox"/> Home <input type="checkbox"/> Office		Add to mailing list for: <input type="checkbox"/> Invite to events <input type="checkbox"/> Send statement copies	
Business or Organization Name		Position		
Business Address		City	State	Zip
Home Phone	Mobile Phone	Business Phone	E-Mail <small>(Preferred)</small>	
Relationship with Donor Advisor				

### Successor Advisor 2

Full Name <small>(First, Middle, Last)</small>		Nickname	Preferred Salutation <small>(e.g. Mr. James L. Smith or Jim Smith)</small>	
Home Address		City	State	Zip
Date of Birth	Send mailings to: <input type="checkbox"/> Home <input type="checkbox"/> Office		Add to mailing list for: <input type="checkbox"/> Invite to events <input type="checkbox"/> Send statement copies	
Business or Organization Name		Position		
Business Address		City	State	Zip
Home Phone	Mobile Phone	Business Phone	E-Mail <small>(Preferred)</small>	
Relationship with Donor Advisor				

I/We, as the donor(s), request that the successor advisor(s) named assume this responsibility  on the following date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 on the death of the current advisor(s)

I/We, as the donor(s), request that the fund be:  maintained in one fund  split evenly between successor advisors  
 successor advisors have discretion to split the fund  special instructions attached

**3**

**FUND NAME** – Please provide if the gift includes a new fund or adds to an existing fund.

Existing fund   New fund  
Fund name

**4**

**TYPE OF GIFT**

**Will/Bequest** – expected value \$  Date of will/trust

Executor contact information

Name Phone number  
     
 Address City State Zip

*Please attach a copy of the relevant page(s) from the will or trust document(s).*

**IRA/Pension Plan** – expected value \$  % of IRA

The Community Foundation for Greater Atlanta’s Beneficiary Status:  primary  secondary

*Please attach a copy of the IRA/Pension Plan beneficiary documentation or provide information below:*

IRA plan administrator Account number or name  
   
 Contact Phone number

**Life Insurance** – expected value \$  % of policy

Agent Phone number

The Community Foundation for Greater Atlanta’s beneficiary status:  primary  secondary

*Please attach a copy of insurance policy beneficiary documentation including insurance company and policy number or provide below:*

Insurance company Policy number  
  
 Contact name and address

**Charitable Remainder/Lead Trust** – expected value \$

*Please attach copy of the trust document(s), or provide trustee information below.*

Trustee Contact Information

**Other** – expected value \$

Please explain:

**PLEASE PROVIDE ANY FURTHER INFORMATION** you think the Community Foundation should know about your planned gift.  
*Please attach additional pages if needed.*

**5 PROFESSIONAL ADVISOR** – If you are working with a financial, tax or estate planning advisor to structure the gifts, please complete the following:

Advisor name		Firm name		
Business address (line 1)		City	State	Zip
Business address (line 2)		Business phone	E-Mail	

**6 REFERRAL**

How did you learn about the Community Foundation for Greater Atlanta? (please list contact)

Professional advisor: \_\_\_\_\_

Foundation donor: \_\_\_\_\_

Foundation employee: \_\_\_\_\_

Website or other media: \_\_\_\_\_

Other: \_\_\_\_\_

Would you be willing to be profiled in Foundation materials (i.e. annual report or website)?  Yes  No

**7 SIGNATURES** Donors listed in Section 1 must sign below.

<b>Donor 1</b>	Name <i>(please print)</i>	_____	
	Signature	_____	Date
<b>Donor 2</b>	Name <i>(please print)</i>	_____	
	Signature	_____	Date
<b>Community Foundation for Greater Atlanta</b>	Name <i>(please print)</i>	_____	Title
	By	_____	Date