

Bequest Form (Please Print)

When directing a bequest to DonorsTrust, please complete this form and return it by fax (703.535.3563), email (dtgrants@donorstrust.org) or mail (address above) to establish a donor-advised fund that will receive the bequest. If you do not submit this form to DonorsTrust or make other arrangements to specify the use of the bequest, the Trust will direct any gift received to the DonorsTrust Unrestricted Fund.

To name DonorsTrust as a beneficiary in your will, please speak with your personal legal counsel to make the appropriate arrangements and draw up the legal documents. If desired, your attorney could personalize any of the following examples when structuring your will.

- 1) I give 25% of the residue of my estate to [Fund Name] of DonorsTrust, EIN 52-2166327.
- 2) I give the sum of \$50,000 to [Fund Name] of DonorsTrust, EIN 52-2166327.
- 3) I give 1,000 shares of X Corporation stock to [Fund Name] of DonorsTrust, EIN 52-2166327.

Section A: Contact Information.

Testator Name _____

Preferred Salutation _____

Spouse's Name _____

Mailing Address _____

City, State, Zip _____

Phone / Fax _____

Email Address _____

Section B: Fund Name / Anonymity. You have the privilege of choosing your fund name (e.g. Jane and John Doe Fund, The Doe Family Fund, The Freedom Fund, etc.) Unless you wish to remain anonymous, grants made from your fund are sent to the charity with a letter including your fund's name and your name and address.

Account Name: _____

Identify all grants as anonymous. OR Identify all grants by my fund's name.

Section C: Setting a Term-Limit. Choose one option from the items below as a means of closing your account. The Trust strongly encourages you to limit the life of your donor-advised fund to a term of twenty years or less.

- I would like the term of my donor-advised fund to end _____ years after my death.
- I would like the term of my donor-advised fund to end with the death of my last successor.

Section D: Stating Your Donor Intent. When setting up a donor-advised fund through a bequest, you are encouraged to describe your charitable principles, interests, and goals so that DonorsTrust may better preserve your donor intent. You may also wish to document the names or types of public charities that you may either wish to fund or may not wish to fund. These examples can serve as guidelines to those who are charged with administering your account (either your successor-advisor or DonorsTrust). You alone have the authority to make written changes to your donor intent during your lifetime. Your intent must fall within (or not contradict) the purposes and mission of DonorsTrust.

Attach additional sheets as necessary.

Section E: Successor-Advisors. You may appoint trusted individuals as successor-advisors to the fund established by your bequest. If you name more than one successor, please indicate how the remainder assets will be held. If **jointly**, note that successors have equal authority. If **separately**, indicate how the fund will be split. A minimum of \$10,000 is required to establish each split account. If you wish to appoint DonorsTrust as your advisor or have them distribute your assets directly to your choice of charities, see Section F. *If you do not choose a successor, your account will terminate according to your term limit and be disbursed to your beneficiaries.*

Successor Name _____
 Mailing Address _____
 City, State, Zip _____
 Preferred Phone _____
 Preferred Fax _____
 Email Address _____
 Relationship _____

Successor Name _____
 Mailing Address _____
 City, State, Zip _____
 Business Phone _____
 Business Fax _____
 Email Address _____
 Relationship _____

Jointly Held Account OR

Jointly Held Account OR

Split Account \$ _____ or _____ %

Split Account \$ _____ or _____ %

Attach additional sheets as necessary.

Section H: Beneficiaries. Upon your death, disbursements will continue from your account until the end of the defined term limit of your account (as stated in Section F above). Disbursements will follow your stated donor intent or, if that is undefined, will follow a 24-month weighted average of past giving from your account. At the end of the account's term, you may indicate that the remaining balance be transferred to the DonorsTrust Unrestricted Fund or to one or more qualified public charities. The DonorsTrust board of directors will allocate resources only to those charities that are in keeping with your principles and the Trust's purposes. *If you do not specify a beneficiary by the date of your fund's termination, the remainder of your donor-advised fund will go to the DonorsTrust Unrestricted Fund when your account reaches its term limit.*

Unrestricted Fund \$ _____ **OR** _____ % of account remainder.

Follow weighted average of past giving

Public Charity _____

Contact Name _____

Mailing Address _____

City, State, Zip _____

Phone _____

Fax _____

Website _____

Federal Tax ID# _____

Gift Amount \$ _____

OR % of Account _____

Public Charity _____

Contact Name _____

Mailing Address _____

City, State, Zip _____

Phone _____

Fax _____

Website _____

Federal Tax ID# _____

Gift Amount \$ _____

OR % of Account _____

Attach additional sheets as necessary.

Section H: Signature. I have read the *Donor's Guide to DonorsTrust* and understand the mission statement, grantmaking principles, and general rules and guidelines that apply to all DonorsTrust grant disbursements. Additionally, I understand that if I do not appoint successors or beneficiaries to this donor-advised fund, the remainder assets will be transferred to the DonorsTrust Unrestricted Fund at the death of the last original account holder. I do hereby acknowledge and accept these conditions as stated in the *Donor's Guide*. I understand that any contribution, once accepted by DonorsTrust, represents an irrevocable charitable gift to DonorsTrust, and DonorsTrust has exclusive legal control over the assets contributed. I understand grants from the account may not benefit donors to the account, the account advisors or confer an impermissible private benefit and can only be used for charitable purposes.

Testator Signature _____ Date _____

Testator Signature _____ Date _____