



Donor Advised Fund Successorship Intentions

Name of Fund _____

It is my/our intention that, upon the death or disability of the final Donor/Advisor, the remaining balance of the Fund be used as indicated below.

1. Select Your Succession Plan:

☐ **A. Community Legacy Fund**

Support the long-term strength and vitality of Jewish life in Kansas City by contributing to JCF's Community Legacy Fund, a flexible, enduring resource that responds to the community's greatest needs, today and for generations to come.

☐ **B. Restricted Fund or Custom Legacy Plan**

Convert the remaining balance into a Restricted Fund to keep supporting the specific causes you care about most, often as a permanent endowment. JCF staff will work with you to design the fund. Requires \$10,000 or more to establish.

☐ **C. Successor Advisor(s)**

Create a family legacy of giving by naming successor advisor(s) - such as children or grandchildren - to continue recommending grants from the Fund, carrying forward the philanthropic values and priorities you've established. Complete Section 2 below.

Choose one:

- ☐ Collective Grantmaking — assets remain in one Fund; named spokesperson below
- ☐ Separate Donor Advised Funds for each Successor Advisor (requires \$5,000/fund)

If acting collectively, choose one:

- ☐ Act jointly - name a spokesperson _____
- ☐ Act independently - successors may make grants from the same fund

2. Successor Advisor Contact Information:

Complete for each Successor Advisor named in Section 1C above (up to three).

1 Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____ Date of Birth: ____/____/____

2 Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____ Date of Birth: ____/____/____

3 Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____ Date of Birth: ____/____/____

☐ I authorize JCF to notify the named successor advisors at this time.

Please print, sign, and return this document to the Foundation.

Signature: _____

Signature: _____

Accepted by the Jewish Community Foundation

Staff Signature: _____

If the Donor Advised Fund balance is less than \$5,000 or if a Restricted Fund balance is less than \$10,000, it shall be transferred to the Community Legacy Fund or any fund that supports the operations of the Foundation, unless Successor Advisor(s) have been named, in which case the Fund shall remain open for one year following the death of the Donor, during which time the Successor Advisor(s) may make grants. At the end of that year, any remaining balance shall be transferred to the Community Legacy Fund. For other restrictions, see the "Procedures for the Establishment & Operation of Funds."