

Endowment Plan

Use this form to recommend a new or updated Endowment Plan (EP) as part of the succession plan for your donor-advised fund. If you require extra space, include additional sheets. A fund must have a minimum balance of \$100,000 before enrollment. Before completing this form, please refer to our **Program Description and Guidelines** booklet.

Download this fillable form and save it to your computer before you email it to us at: donorsupport@iGiftFund.org

Questions?
800.810.0366
donorsupport@iGiftFund.org

1 Account Information

Account Name

2 Recommend Annual Grants

The minimum grant amount is \$500.

Charity A

Timing and amount

Annual percentage of account balance Percentage: %
Month in which annual grant will be issued Month:

Charity information

Charity legal name	EIN <i>if available</i>	
Primary address or P.O. Box number		
City	State	Zip
Web address	Preferred phone	

Grant purpose

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Grant recognition

<input type="checkbox"/> Full recognition - Donor name & fund name	<input type="checkbox"/> Fund name only	<input type="checkbox"/> Anonymous
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Charity B

Timing and amount

Annual percentage of account balance Percentage: %
Month in which annual grant will be issued Month:

Charity information

Charity legal name	EIN <i>if available</i>	
Primary address or P.O. Box number		
City	State	Zip
Web address	Preferred phone	

Grant purpose

Grant recognition

<input type="checkbox"/> Full recognition - Donor name & fund name	<input type="checkbox"/> Fund name only	<input type="checkbox"/> Anonymous
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Charity C

Timing and amount

Annual percentage of account balance Percentage: %
Month in which annual grant will be issued Month:

Charity information

Charity legal name	EIN <i>if available</i>	
Primary address or P.O. Box number		
City	State	Zip
Web address	Preferred phone	

Grant purpose

Grant recognition

<input type="checkbox"/> Full recognition - Donor name & fund name	<input type="checkbox"/> Fund name only	<input type="checkbox"/> Anonymous
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3 Plan Term

If the balance cannot support \$500 grants, the remaining assets will be granted to the charities in proportion to the percentages in Section 2.

The minimum Plan term is 5 years.

<input type="checkbox"/> Continue granting as long as the account balance can support \$500 grants
<input type="checkbox"/> Continue granting for a set number of years Number of years:

4 Charity Ineligibility

Select a way in which grants will be distributed if a named charity no longer exists.

<input type="checkbox"/> Option 1: Reallocate grants among other named charities.
<input type="checkbox"/> Option 2: Select from a list of alternative charities provided by the account advisors. (Include with this form a list of secondary charities, signed and dated.)
<input type="checkbox"/> Option 3: Distribute the balance to the Independent Charitable Gift Fund's Philanthropy Fund.

5 Activity Notification

Nominate one individual to receive annual statements about grant activity. When the Endowment Plan is enacted, this individual will receive a letter explaining the plan, and if permitted, the option to name a successor. This individual will not have the authority to act on the account or change the plan.

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Name <i>salutation, first, middle initial, last</i>		
Birth date mm-dd-yyyy	Recommend a PIN # (4 digits)		
Preferred phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business	Alternate phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business		
Primary address or P.O. Box number			
City		State	Zip
Email address		Preferred method of contact <input type="checkbox"/> Email <input type="checkbox"/> Phone	

Is this person permitted to nominate successors to receive statements? Yes No

6

Required Signatures

By signing below, I certify on behalf of all authorized parties on this account that:

- No individual(s) will receive any impermissible benefit in connection with this recommended grant. This includes, but is not limited to, tickets or admission to events, museums, or sporting events; goods at charitable auctions; dues; and tuition. This also includes goods or services that, if rendered or received in exchange for a donation, would reduce the donor’s charitable deduction.
- No individual(s) will claim a charitable deduction for grants made by the Independent Charitable Gift Fund, even if the recipient organization sends a receipt.
- The grant will not fulfill a legally binding pledge. A pledge is a promise to make a gift. If you are not sure if you have a legally binding commitment in place, please contact the Independent Charitable Gift Fund.
- The grant will not support a scholarship where any donor, account advisor, or interested party on this Independent Charitable Gift Fund account has a role in selecting the recipient(s) of the scholarship; or where any donor, account advisor, or interested party on the account - or anyone related to any such donor, account advisor, or interested party - is an eligible recipient. I understand that all grants to support a scholarship are subject to the control and discretion of the recipient organization.
- I understand that all grants to support a specific mission, missionary project, or named missionary are subject to the control and discretion of the recipient organization.
- If the recommended grant is for a supporting organization, neither I nor any other authorized parties on the account, nor any parties related to me or to any other authorized parties on the account, directly or indirectly control any supported organization of the recommended grant recipient.
- I have read and agree with the Independent Charitable Gift Fund’s **Program Description and Guidelines** booklet and understand that each grant issued from the Endowment Plan is subject to the Independent Charitable Gift Fund’s terms and policies at the time that the grant is scheduled to be issued.

Please print and sign

Donor Advisor A Name (print)	

Donor Advisor A Signature	Date mm/dd/yyyy
_____	_____

Donor Advisor B Name (print)	

Donor Advisor B Signature	Date mm/dd/yyyy
_____	_____

Print

Return this completed form by email, fax, or mail to:
 iGiftFund | donorsupport@iGiftFund.org | Fax: 330.362.9925
 110 W Streetsboro St, Ste 2A, Hudson, OH 44236 | Phone: 800.810.0366