



Giving Fund Succession Plan Letter of Advisement

In the event of your death or incapacity, or the termination of your organization, you may wish to provide TCCF with a "succession plan" for the Giving Fund you have established. There are four ways to divide the remaining assets in the Fund, and you may select any one of these, or a combination of some or all. Combinations must total 100% in the far right column. If you do not list percentages in Section A, below, TCCF will accept advice from one or all of the Successor Advisors on your current Fund. If you do list percentages, a new Fund(s) will be created for the individual(s). In expending or distributing Fund assets after the Donor's death, TCCF will consider the latest dated written instrument of advisement (whether by letter of advisement (such as this), will or other instrument) that TCCF receives and acknowledges receipt and that addresses the expenditure or distribution of Fund assets. This letter of advisement (and any future advisements) should be delivered to TCCF during Donor's life, when possible.

Giving Fund Advisor Information

| | | | | |
|-----------------|------------|---------|-----------|--------|
| Mr./Mrs. | First Name | Initial | Last Name | Suffix |
| Mailing Address | | City | State | Zip |
| Your Fund # | Fund Name | | | |

A. NAME SUCCESSORS FOR YOUR FUND (A new Giving Fund will be created for each.)

You may wish to place some or all of the assets from your existing Fund into a new Fund(s)

| | |
|---|------------------------|
| _____ Successor Advisor A - Name, Address, City, State, Zip, Phone | <input type="text"/> % |
| _____ Successor Advisor B - Name, Address, City, State, Zip, Phone | <input type="text"/> % |

B. DISTRIBUTE PERCENTAGE TO MINISTRY WORK

You may wish to recommend grants to your church or favorite ministries, granting out some or all of the assets in your Fund. This may also be granted over a period of time. Please attach specific instructions, if this is your recommendation.

| | |
|--|------------------------|
| _____ Organization Name, Address, City, State, Zip, Phone | <input type="text"/> % |
| _____ Organization Name, Address, City, State, Zip, Phone | <input type="text"/> % |

C. DISTRIBUTE PERCENTAGE TO THE MINISTRY OF TCCF

 %

You may wish to recommend a grant to support the ministry of Twin Cities Christian Foundation as we seek to further the Gospel of Jesus Christ by educating, encouraging, and equipping faithful stewards to give wisely.

D. CREATE A LEGACY FUND (If you enter a percentage in the column on the right, an TCCF staff member will contact you to explore this option.)

 %

You may wish to establish an TCCF Legacy Fund. A Legacy Fund is an enhanced type of Giving Fund in which TCCF assumes greater responsibility to ensure that your giving intent and granting desires are carried out faithfully after you are gone. Learn more about the TCCF Legacy Fund at www.tccfoundation.org.

If you need to add additional names or organizations, please use separate sheet of paper.

Must total 100% **TOTAL:** %

Advisor Signature (Required)

Date

Additional Advisor Signature

Date

Twin Cities Christian Foundation

By

Name & Title

Effective Date

National Christian Charitable Foundation, Inc. d/b/a The National Christian Foundation®

By

Name & Title

Effective Date

For Internal Purposes ONLY Fund #: _____ Relationship Manager: _____ Source code: _____

Entry date: _____ Initials: _____ Salesforce: Y / N