



PG File #: _____
(for office use only)

Planned Gift Document

**Welcome to Foundation For The Carolinas.
We look forward to making your giving easy, flexible and effective.**

Please complete this document (this “document”) to confirm your Planned Gift (your “Gift”) with Foundation For The Carolinas (the “Foundation” or “FFTC”). A Planned Gift is generally one that originates during your lifetime but will not be received by the Foundation until after your death. This document expresses your intentions for your legacy gift and does not establish an irrevocable gift.

Planned Gifts create a lasting impact to specific organizations or causes, address evolving community needs, and help establish a legacy of philanthropy for the next generation.

Further information about Planned Gifts, this document and charitable giving is contained in the Foundation’s *Charitable Giving Guide* available online at www.ffc.org.

Is this planned gift to an existing FFTC fund? **Yes** **No**

Name of existing fund or fund ID: _____

Opening Donor(s) Please provide the following information for the Donor(s). Donor 2 is optional.

Opening Donor:
 Individual Corporation Trust/Estate Other _____

Mr. Mrs. Ms. Other _____

First Name Middle Initial Last Name Preferred Name

Name of Corporation or Trust/Estate (if applicable)

Opening Donor: Preferred Mailing Address

Street City State Zip Code

Phone: _____
 Home Business Cell

Email: _____
 Primary Other

Preferred Phone: Home Business Cell **Preferred Email:** Primary Other

Additional Address: _____
 Street City State Zip Code

Date of Birth (optional): _____

Opening Donor 2 (if any)

Individual Corporation Trust/Estate Other _____

Mr. Mrs. Ms. Other _____

First Name Middle Initial Last Name Preferred Name

Opening Donor 2: Preferred Mailing Address

Street City State Zip Code

Phone: _____
Home Business Cell

Email: _____
Primary Other

Preferred Phone: Home Business Cell Preferred Email: Primary Other

Additional Address: _____
Street City State Zip Code

Date of Birth (optional): _____

Referral

Who referred you to Foundation For The Carolinas?

Referral Source: _____

Type of referral: _____

Street City State Zip Code

Email: _____ Phone Number: _____

Gift Information

Please indicate the sources of your planned gift(s) and estimated value, if known, for each.

Where appropriate, please provide relevant documentation including beneficiary designations, trust agreements, and wills. For further guidance on effectuating your planned gift, see page 13.

A. Amount and Nature of Gift

I/we intend to contribute the following assets through my/our estate(s):

Will or Trust
 Estimated Value _____

Retirement Plan
 Owner: _____
 Provider: _____
 Estimated Value _____

Life Insurance
 Owner: _____
 Insured: _____
 Provider: _____
 Estimated Value: _____

Charitable Remainder Trust

- o Trust Name: _____
- o Trustee(s): _____
- o Estimated Value: _____

Closely held stock, partnership or LLC interest*

- o Asset Description: _____
- o Estimated Value: _____

Real estate*

- o Asset Description: _____
- o Estimated Value: _____

*Please note: These gifts are subject to FFTC’s due diligence process and gift acceptance.

Estimated total expected future contribution(s), if known: _____

B. Additional Gift Information

Please provide additional gift information that you feel would help us better steward your gift, including but not limited to timing of gift, additional donor details, expected contribution(s) upon death of survivor(s), etc.

Attorney/Executor Information

Please provide contact information for your estate planning attorney and/or executor.

1. **Attorney** **Executor** **Other** _____

Mr. Mrs. Ms. Other _____

First Name _____ Middle Initial _____ Last Name _____ Preferred Name _____

Title: _____

Preferred Name/Salutation (first, middle, last)

Firm Name (if applicable): _____

Street _____ City _____ State _____ Zip Code _____

Phone: _____
Home Business Cell

Email: _____
Primary Other

Preferred Phone: Home Business Cell Preferred Email: Primary Other

2. Attorney Executor Other _____

Mr. Mrs. Ms. Other _____

First Name Middle Initial Last Name Preferred Name

Title: _____

Preferred Name/Salutation (first, middle, last)

Firm Name (if applicable): _____

Street City State Zip Code

Phone: _____
Home Business Cell

Email: _____
Primary Other

Preferred Phone: Home Business Cell Preferred Email: Primary Other

Planned Gift Instructions In the section below, please provide information on how the assets should be administered. Please select all the options that apply to your planned gift.

If appropriate, additional instructions or details may be provided in an Addendum.

1. Make Direct Distributions to the Following Organizations:

One-Time Other (please specify): _____

Organization: _____

Designation: _____

Address: _____

EIN: _____ (% or Amount): _____

Organization: _____

Designation: _____

Address: _____

EIN: _____ (% or Amount): _____

Organization: _____

Designation: _____

Address: _____

EIN: _____ (% or Amount): _____

2. Endow a Specific Charitable Organization: _____ (% or Amount)

Create an **Endowed Designated Gift Fund** to benefit your favorite organization(s) named below. If appropriate, you may complete an FFTC Designated Fund Agreement.

Organization: _____

Designation: _____

Section continues on the next page.

3. Name Your Successors: _____ (% or Amount)

Add to or create a new **FFTC Donor Advised Fund** and name successors who will carry out your philanthropic vision and offer recommendations for the fund. List the successor advisors below and if appropriate, you may complete an FFTC Donor Advised Fund Agreement.

4. Create an FFTC Scholarship Endowment Fund: _____ (% or Amount)

Scholarship Funds provide grants for educational purposes for primary, secondary, undergraduate, and graduate schools.

A separate Scholarship Fund Agreement must be completed.

5. Support FFTC's Community Grantmaking:

Discretionary grantmaking by FFTC is conducted in partnership with the Foundation team and community volunteers, including regional affiliate boards of advisors, to honor areas of interest important to our donors and to achieve maximum community impact.

Designate a portion of your planned gift to one or more endowments providing permanent support for vital causes in our community. These funds utilize FFTC's grantmaking expertise and knowledge of local issues to make investments in our community's future. You may also support your interest area(s) by establishing a named Field of Interest Fund (minimum \$50,000). Please indicate your preference(s) in the space provided below.

Health and Human Services: _____ (% or Amount)

Enable community members to lead safe, just and healthy lives.

Specifics: _____

Education and Youth Development: _____ (% or Amount)

Ensure opportunities for individuals to achieve their full potential.

Specifics: _____

Arts and Culture: _____ (% or Amount)

Sustain a thriving arts community and preserve our region's diverse culture.

Specifics: _____

Environment and Wildlife: _____ (% or Amount)

Protect natural resources, wildlife and green space in our region and beyond.

Specifics: _____

Animal Welfare: _____ (% or Amount)

Support the well-being of pets and other domestic animals.

Specifics: _____

Evolving Needs and Opportunities: _____ (% or Amount)

Spearhead civic leadership efforts in our community and respond to disasters and other unexpected needs and opportunities

Specifics: _____

Our Region: Our Regional Affiliates are led by local advisory boards and share a vision to inspire philanthropy and strengthen their unique communities. Through annual place-based grantmaking that reflects current community needs, each advisory board supports local nonprofits now and for generations to come.

If you would like for your planned gift to benefit one of the Foundation's 13 counties, please indicate so below.

Your FFTC _____ (% or Amount)

Ensure your community foundation's future sustainability by providing unrestricted support.

Specifics: _____

6. Other Field of Interest (include specifics below): _____ (% or Amount)

Regional Affiliation (optional)	Our 13 regional affiliates share the Foundation's vision to inspire philanthropy and strengthen their unique communities. Please select an option below to associate your planned gift(s) with a regional affiliate.
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Geographic Affiliation – North Carolina

- | | |
|--|---|
| <input type="checkbox"/> Cabarrus County Community Foundation | <input type="checkbox"/> Charlotte Mecklenburg Community Foundation |
| <input type="checkbox"/> Cleveland County Community Foundation | <input type="checkbox"/> Iredell County Community Foundation |
| <input type="checkbox"/> Lexington Area Community Foundation | <input type="checkbox"/> Lincoln County Community Foundation |
| <input type="checkbox"/> The Cole Foundation (Richmond County) | <input type="checkbox"/> Salisbury-Rowan Community Foundation |
| <input type="checkbox"/> Stanly County Community Foundation | <input type="checkbox"/> Union County Community Foundation |

Geographic Affiliation – South Carolina

- | | |
|---|--|
| <input type="checkbox"/> Cherokee County Community Foundation | <input type="checkbox"/> Lancaster County Community Foundation |
| <input type="checkbox"/> York County Community Foundation | |

Investments	The Foundation is pleased to offer a variety of investment pools for Gift Funds.
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FFTC offers a cost-effective expertly managed investment platform designed to address the needs and objectives of a variety of charitable funds. For investment pool descriptions and information on performance, visit www.ffc.org/pools.

At the time your planned gift is received, FFTC will use its discretion to select an appropriate investment pool based on the time horizon for the gift instructions (for example, the Foundation typically will place Non-Endowed Funds into the Liquid Reserves Pool and Endowed Funds into the Diversified Long-Term Growth Pool). If successor advisors are appointed, the successor advisors will typically have privileges including the ability to recommend the investment pool selection. If you have additional instructions regarding the investment of your planned gift, please describe in the space below.

Acknowledgement and Anonymity	Please indicate your preference for anonymity.
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All grant distributions as outlined in this document shall be made in the Donor's name unless otherwise indicated below.

Additional Provisions**Your signature on the following page acknowledges that you have read, understand and agree to the provisions below.**

Protection of Tax-Exempt Status. The undersigned agree to comply with any written direction by the Foundation to cease recommending grants or distributions or conducting any activities that may jeopardize the Foundation's tax status or otherwise subject the Foundation or any gift fund created hereunder (a "Gift Fund") to excise taxes under the Internal Revenue Code (the "Code").

Charitable Giving Guide The undersigned have received and reviewed the *Charitable Giving Guide* and agree to the terms thereof.

Accuracy of Information The undersigned hereby certify that all information presented in connection with this document is accurate to the best knowledge of the undersigned and will promptly notify the Foundation in writing of any changes.

Use of Funds The Foundation will make distributions from any Gift Fund created hereunder to carry out the charitable purposes of the Gift Fund in accordance with the Code. The Foundation's ability to make reimbursements to any individual for expenditures or to make a grant or distribution for any non-charitable purpose or to any non-charitable entity is generally disallowed by the Code. Advisors wishing to recommend any such reimbursement, grant or distribution should discuss it with the Foundation's Finance & Donor Relations Team before engaging in any activity that might otherwise lead the Advisor to an expectation that any such payment would be appropriate. *Please refer to The Charitable Giving Guide for more information.*

Endowed Gift Funds The undersigned understand and acknowledge that any endowed Gift Fund created hereunder (with the Foundation or any of its affiliates or supporting organizations) is a permanent gift fund and that only the annual spendable amount will be available for distribution as detailed in the Foundation's Charitable Giving Guide.

Irrevocable Gifts The undersigned understand that any contribution to a Gift Fund created hereunder, once accepted by the Board of Directors of the Foundation, represents an irrevocable gift to the Foundation and is not refundable.

Service Charges The Foundation shall be entitled to receive as compensation for its services in investing, administering and distributing the assets held in any Gift Fund created hereunder the service charges set out in the Foundation's regular schedule of compensation applicable at the time of the performance of such services; provided, however, that if the Foundation's custom service level applies to such Gift Fund, then the Foundation shall be entitled to receive as compensation the service charges as provided in the separate Custom Service Level Addendum prepared in connection with such Gift Fund. A one-time planned gift fee is generally assessed on planned gifts when such gifts are realized at the donor's death and the assets are received by the Foundation. This fee supports FFTC's charitable work and is generally equal to 0.5% of the value of the realized planned gift subject to any applicable minimums.

Notice All communications required hereunder shall be in writing and shall be deemed to have been validly served, given or delivered (i) three (3) business days after deposit of same in the United States mail, designated as registered or certified mail, return receipt requested, bearing adequate postage, or (ii) on the date of delivery to such party if delivered by hand or by overnight or other similar courier and addressed to the party to be notified at the address for such party as provided in this document, or to such other address as each party may designate for itself by like notice.

Ownership Tools, equipment and software used by the Foundation to provide service to any Gift Fund created hereunder shall remain the property of the Foundation and/or its licensors, and no right, title, license or interest in any of them is conveyed to the Gift Fund by this document.

Investments The undersigned acknowledge and agree that they have been advised by the Foundation that current IRS regulations or rulings permit Gift Fund Advisor(s) to designate investment preferences but require the Foundation to retain final discretion regarding such investments. The undersigned understand that investments will be administered in accordance with the policies of the Foundation. The undersigned acknowledge that the investments in any Gift Fund created hereunder are subject to market and interest rate fluctuations. The total investment return of each investment manager is net of investment expenses.

Confidentiality The Foundation agrees not to use any confidential information provided in connection with this document for purposes other than those for which it was provided, without receiving prior consent.

Indemnity In consideration of the Foundation's administering the planned gift described by this document and/or creating one or more Gift Funds at the request of the undersigned individual(s) or entity and for other good and valuable consideration, the undersigned hereby agree(s) to indemnify and hold harmless the Foundation against any liability, cost, or expense which the Foundation may incur by reason of its administering such planned gift and/or acting upon instructions or recommendations given to the Foundation by any of the undersigned or by persons authorized to make recommendations with regard to any Gift Fund created hereunder.

Severability The provisions of this document are severable, and the invalidity or unenforceability of any one or more of such provisions shall not affect the validity or enforceability of the remainder of this document which shall remain in full force and effect.

Variance Power It is understood that any Gift Fund to be established pursuant to this document will be subject to the provisions of the Charter and Bylaws of the Foundation, as may be amended from time to time, including the power reserved by the Board of Directors to modify any condition or restriction on the distribution of funds if in its sole judgment (without the approval of any trustee, custodian, or agent), such restriction or condition becomes, in effect, unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the area served by the Foundation.

Amendment of Document Subject to the provisions of the paragraph herein entitled "Variance Power," this document and any addenda attached hereto shall constitute the entire agreement of the parties and supersedes all prior agreements and understandings, both written and oral, among the parties with respect to the subject matter hereof. Subject to the provisions of the paragraph herein entitled "Variance Power," this document, including any exhibits or attachments hereto, may not be amended or modified, except in a writing signed by all parties to this document.

Governing Law This document is made subject to and shall be construed under the laws of the State of North Carolina, without giving effect to its conflict of laws principles. This document may be executed in several counterparts, each of which shall be deemed an original, and all of which shall constitute one and the same instrument.

Signatures

By signing below, Opening Donor(s) and Advisor, if applicable, hereby acknowledge that they have read, understand and hereby agree to the provisions of this Document and that the information provided herein is accurate to the best of their knowledge.

Donor

Donor 2 (if applicable)

SIGNATURE

SIGNATURE

NAME (please print)

NAME (please print)

TITLE (for institutional donors)

TITLE (for institutional donors)

DATE

DATE

Advisor (sign if different from Opening Donor)

Foundation For The Carolinas

SIGNATURE

BY

NAME (please print)

TITLE

TITLE

DATE

DATE

Appendix B

Capturing Your Story

Complete the optional fields below to provide additional information and/or context you would like FFTC to consider when administering your charitable legacy.

Biographical Information:

Birthplace/Hometown:

Education/Professional Licenses:

Military Service, please identify branch:

Religious Affiliation:

What brought you or your family to this area?

Tell us about your family.

What geographic region you want to impact with your gift? (i.e., local, regional, national, international)

Philanthropic Focus/Interest:

How do you define philanthropy and why do you choose to give?

What are you passionate about and how are these passions reflected in your philanthropy?

If your legacy plans are different from your current charitable giving pattern, please explain below.

Why have you chosen to give back to your community with this gift?

Why is this cause, geographic community, or organization important to you?

How do you envision the future impact of your gift?

Why did you choose to partner with Foundation For The Carolinas?

Additional information:

With your permission, the Foundation may write an impact story to be shared on our website or in our marketing publications, in which case your responses may be edited for brevity and clarity.

_____ Please initial the line if you give us permission to share your story.

Please provide a hi-resolution photo of yourself and/or any other person(s) being honored. These images help provide us with an emotional connection to your story.

Appendix C

Additional Gift Information

The following information may be helpful when executing your planned gift.

Wills or Trusts: Include specific language in your will or trust naming a fund at FFTC as the beneficiary of a testamentary gift. You can specify a specific dollar amount, a percentage of your estate or the residue of your estate.

Sample Bequest Language

The following is sample bequest language that can be used to include a planned gift to Foundation For The Carolinas in your estate plan. Always consult your attorney before executing a new will or other estate planning document.

“I give to Foundation For The Carolinas, a North Carolina non-profit corporation, the sum of _____ Dollars and no/100 (\$_____.00), in cash or in kind, [could include a stated percentage or fraction of estate instead] for the benefit of [John and Jane Smith Endowed Fund], an endowed fund to be created pursuant to that certain fund agreement executed by me [and/or my spouse] during my/our lifetime(s).”

Retirement Plan Assets: Name FFTC as the beneficiary of your retirement funds (e.g. IRA, 401(k) or 403(b) plans). Please note: FFTC, a North Carolina non-profit organization, should be listed as a beneficiary with a specific designation. (FFTC FBO “Fund Name” and “Fund Number”).

Life Insurance Policies: Make a gift of life insurance either by irrevocably designating FFTC as the owner and beneficiary of the policy or by designating FFTC as a beneficiary of all or a portion of its proceeds. Please note: FFTC, a North Carolina non-profit organization, should be listed as a beneficiary with a specific designation. (FFTC FBO “Fund Name” and “Fund Number”).

Closely held stock, partnership or LLC interest: Accepted gifts of closely held business interests via Community Investments Foundation, a Subsidiary Foundation of FFTC. Please contact FFTC staff to discuss a gift of closely held business interests and to request the appropriate additional documents

Real estate: Accepted gifts of real property or closely held business interests via Community Real Property Holdings, Inc., a Subsidiary Foundation of FFTC. Please contact Foundation staff to discuss a future gift of real property and to request the appropriate additional documents.