



INSTRUMENT OF TRANSFER

Donor Advised Fund

Truman Heartland Community Foundation
4200 Little Blue Parkway, Ste. 340
Independence, Missouri 64057

To establish the _____
("Fund"), we/I hereby irrevocably transfer, convey, and pay over to the Truman Heartland Community Foundation ("Foundation"), as a charitable contribution, the following sum (or securities):

We/I understand that that this is an irrevocable charitable gift, which will be used to establish and maintain a charitable fund of the Foundation, subject to the Foundation's Procedures for the Establishment and Operation of Funds and the policy to sell contributed property as soon as practical. The Foundation is authorized to accept additional contributions to the Fund in terms substantially similar to those set forth herein. Furthermore, we/I may make additional planned gifts to our donor advised fund through our estate, through trust funds whether included within our estates or not, through transfer-on-death designations, or otherwise.

We/I desire that the income and principal from the Fund be distributed in accordance with the charitable purposes set forth in the Bylaws of the Foundation, as approved by the Board of the Foundation, after receiving the advice in writing from

_____ or _____.

We/I hereby acknowledge receipt of the Administrative Fee Schedule attached hereto as **Exhibit A** and accept the terms of this schedule. We/I agree to be bound by the most current schedule of fees published by the Foundation.

Furthermore, we are / I am familiar with the Foundation's Fund Investment Program and recommend the allocation be applied to the Fund as described on **Exhibit B**. We/I further understand that prior to receipt of a signed Investment Recommendation Form (Exhibit B) all contributions to the Fund will be held in the Foundation Money Market pool.

When our/my privilege to advise the Fund terminates upon our/my death, resignation, or incapacity to serve, the successor advisors to the Fund shall be the fund representatives as indicated on **Exhibit C**. The Foundation may act upon recommendations from the successor advisors we/I have designated, unless we/I have subsequently given the Foundation other instructions for the fund which do not

provide for the continuation of the privilege to advise, or we/I have revoked the indications we/I originally made, either expressly or by implication.

We/I have indicated our preference relative to publicity in **Exhibit D**.

Variance Power

We are / I am aware that the governing documents of the Foundation give the Board of Directors the power to modify or override any restriction or condition on the distribution of funds if in the sole judgment of the Board of Directors such restriction or condition becomes ineffective, unnecessary, incapable of fulfillment, or is inconsistent with the charitable needs of the community the Foundation serves. We/I also understand that the Foundation, through its duly authorized committees, reserves the right to make the final decision regarding distributions from the Fund.

If the designated persons are not available to advise and consult with the Foundation, the Foundation shall use the principal and income from the Fund for its general and charitable purposes as set forth in the Bylaws.

Yours very truly,

Donor Names

Donor Signature

Date Signed

Donor Signature

Date Signed

Contact information:

Address: _____

Phone: _____

Email: _____

Accepted By
Truman Heartland Community Foundation:

President & CEO Signature

Date Signed



ADMINISTRATIVE FEE SCHEDULE

Donor Advised Fund

Exhibit A

The schedule below represents the maximum fee based on total dollars in a fund. At the end of each month 1/12 of the applicable rate is applied to the month-end balance.

Annual Administrative Fees	
The Market Value of Fund Assets	
	\$300 minimum fee
	1.00% on the first \$500,000
	0.60% on the next \$500,000
	0.30 on the next \$2 million
	0.25 on all over \$3 million
<i>As additional services are requested, fees may be subject to increase.</i>	

- For newly established funds, the minimum annual fee is prorated over the remainder of the year.
- **A one-time charge of \$100** is made at the time of establishment.
- Funds will be charged for any extraordinary direct expenses incurred on behalf of a specific fund (such as commission for sale of contributed stock to the funds, credit card fees and wire transfer fees etc.).
- Additional fees may be assessed for other services such as large numbers of transactions, special grant processing and review, or other enhanced services.

INVESTMENT RECOMMENDATION FORM

Exhibit B

Fund Name: _____ Fund ID: _____

The Truman Heartland Community Foundation (THCF) offers donors the flexibility of having their own trusted financial advisor manage the investments of their fund, or donors may recommend that the investments be managed within the THCF investment pool, with their choice of investment allocation. Donors may recommend changes to the investment allocation as needed to accomplish the purpose of the fund. No extra fees are charged for making changes to your original recommendation. IRS guidelines require that the authority for the investment of the funds lies with the Board of Directors of the Foundation, so any investment recommendations made by our donors are subject to the approval of the Board of Directors. Please indicate your recommendations on this form.

☐ **Option 1:** I want my fund to be advised by my financial advisor listed below:

Name / Company: _____

Address: _____

Phone Number: _____

Email: _____

☐ If you have checked Option 1 above, please check this box if you would like to allow your financial advisor to have access to your on-line fund portal. Allowing access to the fund portal will give your financial advisor up-to-date information about your fund balance as well as the grants you have made. Your advisor will not be able to use the portal to make grants. That privilege remains exclusively with you.

☐ **Option 2:** I want my fund to be invested in the THCF Investment Pool.

If you have checked Option 2 above, please indicate your investment recommendation:

☐ Long-Term Mix 1 – 35% Fixed Income, 65% Equity

☐ Risk Averse Mix – 100% Money Market

☐ Environmentally Responsible Investment (ERI) Mix– 35% Fixed Income, 65% Equity (excl. oil & gas)

☐ Create Your Own Mix – Money Market____%, Fixed Income____%, Equity ____%

As required by IRS regulations, I acknowledge and agree that my above recommendation is advisory only and THCF may, at its sole and absolute discretion, follow or decline to follow my recommendation. THCF may at any time, at its sole and absolute discretion, change the investment of all or any portion of the assets in the Fund. If my recommendation is accepted, the investments will be administered in accordance with the financial policies of THCF; and Investments are subject to normal market and interest rate fluctuation risks, and any gain or loss generated by the above investments will be credited or charged to the Fund.

Signature / Date

Signature / Date

SUCCESSOR GRANT ADVISORS

Exhibit C

1. Name: _____
Lead Fund Representative*

Address: _____

City/St/Zip: _____

Phone/email: _____
2. Name: _____

Address: _____

City/St/Zip: _____

Phone/email: _____
3. Name: _____

Address: _____

City/St/Zip: _____

Phone/email: _____
4. Name: _____

Address: _____

City/St/Zip: _____

Phone/email: _____

*If more than one person is listed as a successor advisor to the fund, then when they become active fund advisors (also referred to as fund representatives), the person designated as the *lead fund representative* will receive all correspondence from the Foundation and be responsible for communicating all grant recommendations to the Foundation. The *lead fund representative* can be changed by agreement between fund advisors.

ANONYMITY/PUBLICITY

Exhibit D

Fund Names in Publicity About the Foundation

To recognize and honor our donors, the policy of Truman Heartland Community Foundation (Foundation) is to include our donor fund names in publicity about the Foundation unless they wish to remain anonymous. Currently, the Foundation lists fund names on its webpage and within several publications throughout the year including the Foundation's annual report.

Please check the box below that best describes your wishes regarding publicity:

- ☐ **I wish to have my fund name included in Foundation publicity.**
- ☐ **I do not wish to have my fund name included in Foundation publicity.** (If selected, your fund will not be able to receive online credit card donations, however, you will still be able to donate to your fund by check, stock transfers, or by calling in to donate via credit card.)

Fund Names in Grant Communications

To ensure that our donors' generosity is recognized, the Foundation's policy is to include our donor fund names in all grant communications unless they wish to remain anonymous.

Please check the box below that best describes your wishes regarding your fund name within grant communications:

- ☐ **I wish to have my fund name included in grant communications.** (If selected, you will still be able to make anonymous grants by request.)
- ☐ **I do not wish to have my fund name included in grant communications and I wish to be listed as an anonymous donor.** (If selected, all grantees will receive checks indicating that the grant was made from an anonymous fund at the Foundation. There will be no disclosure of the fund name or your name to the grant recipient.)

By:

Signature / Date

Signature / Date