



DONOR ADVISED FUND AGREEMENT INDIVIDUALS

Donor Advisor Information

The Donor Advisor is the individual who can make recommendations to Legacy Ministry Services (Legacy) about how funds should be distributed from the Donor Advised Fund (DAF). A DAF can have multiple Donor Advisors listed on the account.
(Include additional pages if adding more than two Donor Advisors.)

Primary Donor Advisor details				
First Name		Last Name		
Address				
City		State		ZIP Code
Primary Phone		Primary Email		

Other Donor Advisor details				
First Name		Last Name		
Relationship to you	Same contact information as above <input type="checkbox"/>			
Address				
City		State		ZIP Code
Primary Phone		Primary Email		

If you have multiple Donor Advisors, do you want their decisions to be made individually or jointly?	
<input type="checkbox"/> Individually	<input type="checkbox"/> Jointly

Naming the Donor Advised Fund

Each Donor Advised Fund requires a unique name to identify it.

What name should be given to the Donor Advised Fund? (e.g. The Smith Family Fund)

Funding the Donor Advised Fund

A Donor Advised Fund must be funded for future distributions to be made promptly. Please note:

- If donating cash, make a check payable to Legacy Ministry Services, and return with a signed copy of this agreement.
- If donating securities, complete a Securities Donation Form to identify those securities.
- If leaving a bequest through your estate, please provide Legacy a copy of your estate planning documents.

How will the initial contribution be made?			
<input type="checkbox"/>	Cash	Value:	\$
<input type="checkbox"/>	Securities (e.g. Stocks, Bonds, etc.)	Description:	
<input type="checkbox"/>	A bequest through my estate	Approximate value:	\$
<input type="checkbox"/>	Other	Please contact Legacy to discuss available options.	

Final Grant Instructions

On your death or incapacity, the remaining funds in your Donor Advised Fund can be distributed in one of the following ways. (Check one.)

<input type="checkbox"/>	Legacy Ministry Services distributes the remaining funds (Funds will be granted to various ministries or projects)
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<input type="checkbox"/> Recommend Charitable Organization(s) to receive the remaining funds			
Charitable organization name	For the ministries of/project fund	% Total	Stay anonymous?
		%	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes / <input type="checkbox"/> No

<input type="checkbox"/> Elect individual advisor(s) to recommend grant distributions				
Individual 1		Relationship to you		
Address				
City		State		ZIP Code
Primary Phone		Primary Email		
Individual 2		Relationship to you		
Address				
City		State		ZIP Code
Primary Phone		Primary Email		
If you have elected multiple Donor Advisors, do you want them to make decisions individually or jointly?				
<input type="checkbox"/> Individually		<input type="checkbox"/> Jointly		

Additional Information (Include any special instructions)

Declaration

I/we understand that the gift(s) to my/our Donor Advised Fund is/are an irrevocable donation to the ministries of Legacy Ministry Services and that any grant recommendation must directly and fully support a charitable program. A recommendation will not be approved for any of the following reasons:

- To reference the fulfillment of a pledge that I/we have already made in my/our name.
- To pay for memberships or tickets to galleries, museums, or public broadcasting stations; goods at charitable auctions; school tuition; benefit events; or other goods or services.
- To benefit me/us or a specific individual.
- To support political campaigns or for lobbying activities.
- To support a private foundation.

Further, I/we hereby explicitly grant to Legacy Ministry Services variance power to re-direct the use of the donated funds to other Christian ministries. I/we understand that such variance power falls within the authority of the Board of Directors of Legacy Ministry Services

Signature _____

Print Name _____

Date _____

Signature _____

Print Name _____

Date _____

Please send completed forms to:
 Legacy Ministry Services, 2250 Chaney Rd., Dubuque, IA 52001
 info@bssmatters.com