

Legacy Giving Recommendation

RAYMOND JAMES Charitable

RJ Charitable

Service Center

Scan / eSign 

0 2 7 8 5

Form #

FA #

Branch #

Speed Dial #

ACCOUNT INFORMATION

RJ Charitable DAF Account Name

DAF Fund ID# (Leave blank if submitting this form with a Planned Gift account application)

DAFs have two options for succession. One is to name a person(s) as successor, the other is to instead recommend one or more charities. Use this form to recommend one or more charities as your succession plan. (Please note that you may not name both charities and individuals to serve as successors at the same time.)

I/We desire to support the following organization(s) beyond our lifetime. I/We understand this information will be used as guidance for the administration of the above named account after the death of the last surviving donor advisor to the account. I/We understand I/we may request a change to this information during our lifetime.

- This form is the initial Legacy Giving Recommendation for my DAF account
- This form is to REPLACE the current Legacy Giving Recommendation(s) on my existing DAF account
- This form is to REPLACE the current individual(s) named as successor(s) with the named charity(s) below on my existing DAF account

One form per charity to be named is required.

CHARITY INFORMATION - Charity _____ of _____ (i.e. 1 of 5) total charities to receive a gift from this account.

Name of Charity

Purpose of Grant (e.g., general use, building fund)

Charity's Federal Tax ID # (if available)

Daytime Phone Number

Street Address

City

State

ZIP

Contact Name (if available)

Contact Email Address (if available)

Charity Website (if available)

GRANT INFORMATION

- ▶ One time grant of \$ _____ OR _____ %
- ▶ Continuing grant amount of (minimum \$100):
 - \$ _____ (amount per distribution) or _____ % paid in:
 - Quarterly Installments
 - Semiannual Installments
 - Annual Installment

If you would like your DAF account balance to be distributed within a certain number of years, please indicate that here: _____ # of Years
(for example, if you select 5% in annual installments above, and then indicate 10 years; we will distribute 5% of the balance for 9 years, and then distribute the remaining balance in the 10th year and close the account).

(Periodic distributions will commence in the year following the death of the last surviving donor advisor. Percentage distributions will be calculated based on the 12/31 market value. If any charity's portion is less than the minimum grant amount of \$100, the grant will be increased to meet the minimum requirement. Please consult your financial advisor to ensure your investment selection and time horizon for grant distributions is in alignment).

CHARITY SUBSTITUTION RECOMMENDATION(S)

If the named charities (initial and/or contingent) are not in existence at the time of distribution, the board of trustees will select a charity within the same area of interest to distribute the funds.

If the above charity is not in existence at the time of the distributions, I request that such charity's grant be:

- Reallocated, pro-rata, to the other charities named.
- Distributed to the contingent charity named below

CONTINGENT BENEFICIARY

If the charity named above is not in existence at the time of distribution, then I request the grants be distributed to:

Name of Contingent Charity

Charity's Federal Tax ID # (if available)

Street Address

City

State

Zip

Charity Website (if available)

ACKNOWLEDGEMENT INFORMATION

The approved grant to the charity will be accompanied by a letter recognizing your gift by listing the name of your account.

- Check here, if you would like your gift to be made anonymously.

CERTIFICATION

I/We hereby certify that neither I nor anyone related to me will receive any benefit from the recommended charitable organization (e.g., I am not paying for membership fees, dues, tuition, benefit tickets, goods bought at auction, etc.) by way of this grant if distributed, and the grant does not fulfill a pledge to the recommended charitable organization. I/We understand that I will not be entitled to a tax deduction when the grant is made.

Note: When completing this form, all active donors listed on the account are required to sign.

Donor Advisor Signature

Date

Joint Donor Advisor Signature

Date

Name (please print)

Name (please print)

Please contact RJCHARITABLE@RAYMONDJAMES.COM or 866-687-3863 or ext. 77221 with any questions.