

Fund Information Form – Successor Advisors

Section A: Donor/Fund Establisher Contact Information – (If Business, Please List Company Name Under Donor)					
Title: Donor (First Name, Middle Name, Last Name, Suffix)		Title: Donor (First Name, Middle Name, Last Name, Suffix)			
Preferred Nickname:			Preferred Nickname:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth:			Date of Birth:		
Preferred Street Address:			Preferred Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Business			Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Business		
Preferred email to receive communications from CFT:			Preferred email to receive communications from CFT:		
Preferred Phone:			Preferred Phone:		
Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home			Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home		
Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Prefer to Self-Describe:			Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Prefer to Self-Describe:		
Section B: Fund Information					
Fund Name:					
Fund Type: <input type="checkbox"/> Business-Advised <input type="checkbox"/> Designated <input type="checkbox"/> Donor-Advised <input type="checkbox"/> Field of Interest <input type="checkbox"/> Scholarship <input type="checkbox"/> Other:					
Endowment: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Section C: Investment Plan: (If your fund is Endowed – Your Investment Selection is Endowment)					
Choose one of the following investment plans:					
<input type="checkbox"/> Balanced	<input type="checkbox"/> Growth	<input type="checkbox"/> Income	<input type="checkbox"/> Social Impact	<input type="checkbox"/> Short-Term (18 months or less)	<input type="checkbox"/> Endowment (Endowed Funds Only)
Section D: Initial Contribution – (Please Select)					
<input type="checkbox"/> Cash/Check <input type="checkbox"/> Wire Transfer		Amount:			
<input type="checkbox"/> Securities Types of Shares:		Approx. Value:		Number of Shares:	
<input type="checkbox"/> Other:		Amount:			
Section E: Legacy: CFT’s Live Oak Society recognizes individuals and couples who are leaving a planned or deferred gift to CFT. Are you interested in listing CFT in your estate plans?					
<input type="checkbox"/> Yes, and I would like to join Live Oak Society		<input type="checkbox"/> Yes, But I am not interested in Live Oak Society at this time.			
<input type="checkbox"/> No, I am not making a planned or deferred gift to CFT.		<input type="checkbox"/> I would like to learn more about giving beyond my lifetime.			

Section F: Recognition: Choose one of the following options to identify your preference for being listed on CFT's Website, in publications, or other CFT materials that contain fund names.

<input type="checkbox"/> Print Fund Name Only	<input type="checkbox"/> Do Not Print Fund Name
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Section G: Grant Acknowledgement: Please choose how you would like to be listed on grant payments to nonprofits for acknowledgment purposes. (Fund name will always be listed unless anonymous)

<input type="checkbox"/> Fund Name Only	<input type="checkbox"/> Donor Name(s)	<input type="checkbox"/> Fund and Donor(s) are Anonymous
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Address Preference: Preferred Address No Address Other Address:

Section H: Philanthropic Interests: Please select any areas of philanthropic giving or organizations to list in your fund agreement

<input type="checkbox"/> Animals	<input type="checkbox"/> Arts & Culture & Humanities	<input type="checkbox"/> Community Improvement	<input type="checkbox"/> Domestic/Family Violence & Advocacy
<input type="checkbox"/> Economic/Financial Insecurity/Poverty	<input type="checkbox"/> Education & Literacy	<input type="checkbox"/> Employment & Workforce Development	<input type="checkbox"/> Environment & Conservation
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Housing, Shelter, & Homelessness	<input type="checkbox"/> Human Rights, Civil Rights & Advocacy	<input type="checkbox"/> Human Trafficking & Exploitation
<input type="checkbox"/> Hunger, Food Access & Nutrition	<input type="checkbox"/> Immigrants & Refugees	<input type="checkbox"/> Intellectual & Development Disabilities	<input type="checkbox"/> Justice-Involved Adults or Youth
<input type="checkbox"/> LGBTQIA	<input type="checkbox"/> Medical & Scientific Research	<input type="checkbox"/> Mental & Behavioral Health	<input type="checkbox"/> Public Safety
<input type="checkbox"/> Racial Equity	<input type="checkbox"/> Religion/Spiritual Focus	<input type="checkbox"/> Seniors	<input type="checkbox"/> Social Services
<input type="checkbox"/> Veterans	<input type="checkbox"/> Women & Girls	<input type="checkbox"/> Youth & Children	

Other Philanthropic Areas (Please write):

Section I: Additional Authorization: The following individual(s) are also authorized to have access to fund financial information. (This could be a Professional Advisor or employee) *Committee Members will be added on the following pages.*

Title:	(First Name, Middle Name, Last Name, Suffix)
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Preferred email:

Preferred Phone:	Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home
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Preferred Street Address:

City:	State:	Zip:
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Address Type: Home Business

Permissions Granted: Access to make grant recommendations Access to financial reports and information

Section J: Signature(s)

Donor/Establisher Signature:	Date:
Donor/Establisher Signature:	Date:
Donor/Establisher Signature:	Date:
Donor/Establisher Signature:	Date:

Please continue to next page for Successor Advisor Information...

Successor Advisor(s) Page 1

Section K: Successor Advisors: Successor advisors must be listed in the fund agreement. Use as many pages as you need for this section.

Title:	Successor Advisor (First Name, Middle Name, Last Name, Suffix)			Title:	Successor Advisor (First Name, Middle Name, Last Name, Suffix)		
Preferred Nickname:				Preferred Nickname:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth:				Date of Birth:			
Preferred Street Address:				Preferred Street Address:			
City:	State:	Zip:		City:	State:	Zip:	
Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Business				Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Business			
Preferred email to receive communications from CFT:				Preferred email to receive communications from CFT:			
Preferred Phone:				Preferred Phone:			
Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home				Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home			
Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Prefer to Self-Describe:				Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Prefer to Self-Describe:			
Should receive communications from CFT (check one): <input type="checkbox"/> Yes or <input type="checkbox"/> No				Should receive communications from CFT (check one): <input type="checkbox"/> Yes or <input type="checkbox"/> No			

Successor Advisor(s) Page 2

Section K: Successor Advisors: Successor advisors must be listed in the fund agreement. Use as many pages as you need for this section.

Title:	Successor Advisor (First Name, Middle Name, Last Name, Suffix)			Title:	Successor Advisor (First Name, Middle Name, Last Name, Suffix)		
Preferred Nickname:				Preferred Nickname:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth:				Date of Birth:			
Preferred Street Address:				Preferred Street Address:			
City:	State:	Zip:		City:	State:	Zip:	
Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Business				Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Business			
Preferred email to receive communications from CFT:				Preferred email to receive communications from CFT:			
Preferred Phone:				Preferred Phone:			
Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home				Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home			
Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Prefer to Self-Describe:				Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Prefer to Self-Describe:			
Should receive communications from CFT (check one): <input type="checkbox"/> Yes or <input type="checkbox"/> No				Should receive communications from CFT (check one): <input type="checkbox"/> Yes or <input type="checkbox"/> No			

Successor Advisor(s) Page 3

Section K: Successor Advisors: Successor advisors must be listed in the fund agreement. Use as many pages as you need for this section.

Title:	Successor Advisor (First Name, Middle Name, Last Name, Suffix)			Title:	Successor Advisor (First Name, Middle Name, Last Name, Suffix)		
Preferred Nickname:				Preferred Nickname:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth:				Date of Birth:			
Preferred Street Address:				Preferred Street Address:			
City:	State:	Zip:		City:	State:	Zip:	
Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Business				Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Business			
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Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home				Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home			
Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Prefer to Self-Describe:				Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Prefer to Self-Describe:			
Should receive communications from CFT (check one): <input type="checkbox"/> Yes or <input type="checkbox"/> No				Should receive communications from CFT (check one): <input type="checkbox"/> Yes or <input type="checkbox"/> No			

Successor Advisor(s) Page 4

Section K: Successor Advisors: Successor advisors must be listed in the fund agreement. Use as many pages as you need for this section.

Title:	Successor Advisor (First Name, Middle Name, Last Name, Suffix)			Title:	Successor Advisor (First Name, Middle Name, Last Name, Suffix)		
Preferred Nickname:				Preferred Nickname:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth:				Date of Birth:			
Preferred Street Address:				Preferred Street Address:			
City:	State:	Zip:		City:	State:	Zip:	
Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Business				Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Business			
Preferred email to receive communications from CFT:				Preferred email to receive communications from CFT:			
Preferred Phone:				Preferred Phone:			
Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home				Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home			
Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Prefer to Self-Describe:				Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Prefer to Self-Describe:			
Should receive communications from CFT (check one): <input type="checkbox"/> Yes or <input type="checkbox"/> No				Should receive communications from CFT (check one): <input type="checkbox"/> Yes or <input type="checkbox"/> No			