



**INSTRUMENT OF TRANSFER**  
**Designated Fund**

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

To establish the ("name") \_\_\_\_\_ Fund (hereinafter called the "Fund"), we (I) hereby transfer, convey and pay over to The Truman Heartland Community Foundation (the "Community Foundation"), as a charitable contribution, the following sum (or securities): \_\_\_\_\_.

The Community Foundation is authorized to accept additional contributions to the Fund in terms substantially similar to those set forth herein.

We (I) desire that the annual net income (or income and principal) from the Fund be distributed to: *{list charitable organization(s) and purpose; specify dollars amounts, percentages, fractions or shares of the net income}* \_\_\_\_\_.

We hereby acknowledge receipt of the Administrative Fee Schedule attached hereto as **Exhibit A** and accept the terms of said schedule. We further understand the fee schedule is subject to modification and may be increased or decreased at the sole discretion of the Community Foundation's Board of Directors (hereinafter referred to as "Board of Directors"). We agree to be bound by the most current schedule of fees published by the Community Foundation. Furthermore, we understand that the Fund will be invested according to the Community Foundation's investment policy.

We are familiar with and accept the terms of the procedures for the establishment and operation of funds of the Articles of Restatement of Articles of Incorporation of the Community Foundation (hereinafter called the "Articles"). We are aware that Article VIII, Section F of the Articles, gives 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, in effect,

unnecessary, incapable of fulfillment, or is inconsistent with the charitable needs of the community to which the Foundation serves. We also understand that the Community Foundation, through its duly authorized committees, reserves the right to make the final decision regarding distributions from the Fund.

Yours very truly,  
**DONOR NAME**  
**ADDRESS**  
**PHONE**  
**EMAIL**

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*Donor Signature*

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*Date Signed*

Accepted By  
Truman Heartland Community Foundation:

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*President & CEO Signature*

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*Date Signed*