



**INSTRUMENT OF TRANSFER**  
**Donor Advised 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 {**please specify**} (annual net income) (or) (income and principal) from the Fund be distributed in accordance with the charitable purposes set forth in the Bylaws of the Foundation by the Disbursement Committees of the Foundation, or such other committees as may be designated by the Board of the Foundation, after receiving the advice in writing from [**please specify**] or \_\_\_\_\_ . *Net income shall be defined as an amount that shall be computed annually based upon the current spending policy of the Community Foundation (currently 5% of the average past three year-end Fund balances).*

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. We agree to be bound by the most current schedule of fees published by the Community Foundation. Furthermore, we are familiar with the Community Foundation's Fund Investment Program and recommend the allocation, as described on **Exhibit B**, be applied to the Fund. We further understand that prior to receipt of a signed Investment Recommendation Form all contributions to the Fund will be held in the THCF Money Market account.

When (our) (my) privilege to advise the Fund terminates upon (our) (my) death(s), resignation(s) or incapacity to serve, the successor advisor(s) to the Fund shall be (our) (my) (child) (children) \_\_\_\_\_, or [other than children] \_\_\_\_\_, as indicated on **Exhibit C**, and the Community Foundation may act upon recommendations from (all of them) (a majority of them) (any of them).

We (I) are (am) familiar with and accept the terms of the Procedures For the Establishment and Operation of Funds and the policy to sell contributed property as soon as practical. We (I) also understand that the Community Foundation, through its duly authorized committees, reserves the right to make the final decision regarding distributions from the Fund. If the above designated persons are not available to advise and consult with the Community Foundation, the Community 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 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*



**SUCCESSOR ADVISORS**  
**Exhibit C**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_