



INSTRUMENT OF TRANSFER Donor Advised Fund

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

To establish the ("name") _____ Fund ("Fund"), **we (I)** hereby irrevocably transfer, convey and pay over to the Truman Heartland Community Foundation ("Foundation"), as a charitable contribution, the following sum (or securities):

_____ -(\$ _____). The Donor(s) understand that this is an irrevocable gift, which will be used to establish and maintain a charitable fund of the Foundation, subject to the Foundation's Procedures for the Establishment and Operation of Funds and the policy to sell contributed property as soon as practical. The 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, as approved 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 Foundation (currently 5% of the average past three year-end Fund balances).*

We (I) hereby acknowledge receipt of the Administrative Fee Schedule attached hereto as **Exhibit A** and accept the terms of said schedule. **We (I)** agree to be bound by the most current schedule of fees published by the Foundation.

Furthermore, we are familiar with the Foundation's Fund Investment Program and recommend the allocation be applied to the Fund as described on **Exhibit B**. We further understand that prior to receipt of a signed Investment Recommendation Form all contributions to the Fund will be held in the Foundation Money Market pool.

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 the fund representative(s) as indicated on **Exhibit C**. The Foundation may act upon recommendations from this designated fund representative.

Variance Power

We (I) are aware that the governing documents of the Foundation give 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 ineffective, unnecessary, incapable of fulfillment, or is inconsistent with the charitable needs of the community the Foundation serves. **We (I)** also understand that the Foundation, through its duly authorized committees, reserves the right to make the final decision regarding distributions from the Fund.

If the designated persons are not available to advise and consult with the Foundation, the Foundation shall use the principal and income from the Fund for its general and charitable purposes as set forth in the Bylaws.

We (I) have indicated our preference relative to publicity in Exhibit D.

Yours very truly,
DONOR NAME
ADDRESS
PHONE
EMAIL

Donor Signature

Date Signed

Accepted By
Truman Heartland Community Foundation:

President & CEO Signature

Date Signed



ADMINISTRATIVE FEE SCHEDULE
Donor Advised Fund
Exhibit A

The mission of Truman Heartland Community Foundation (Foundation), a nonprofit organization, is to improve the quality of life in our communities through charitable giving. The fees paid by our fund holders make possible the grants and community action undertaken by the foundation. Our many services are linked by our organizing principle: the needs of the community come first (see your benefits at www.thcf.org).

The schedule below represents the maximum fee based on total dollars in a fund. Each month 1/12 of the applicable rate is applied to the average balance.

Annual Administrative Fees	
The Market Value of Fund Assets	
	\$250 minimum fee
	1.00% on the first \$500,000
	0.60% on the next \$500,000
	0.30 on the next \$2 million
	0.25 on all over \$3 million
<i>As additional services are requested, fees may be subject to increase.</i>	

- For newly established funds, the minimum annual fee is prorated over the remainder of the year.
- **A one-time charge of \$100** is made at the time of establishment.
- Funds will be charged for any extraordinary direct expenses incurred on behalf of a specific fund (such as commission for sale of contributed stock to the funds, credit card fees and wire transfer fees etc.).
- Additional fees may be assessed for other services such as large numbers of transactions, special grant processing and review, or other enhanced services.



INVESTMENT RECOMMENDATION FORM
Exhibit B

Fund Name: _____ Fund ID: _____

The Truman Heartland Community Foundation (THCF) offers donors the flexibility of having their own trusted financial advisor manage the investments of their fund, selecting the THCF Recommended Mix, or an allocation into four different types of investments. Please indicate the investment option preferred or the percentage of funds you would like invested in each of the categories.

Option 1: I want my fund to be advised by my financial advisor listed below:
Advisor Name: _____
Company Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Email: _____

Option 2: I want my fund to be invested in the THCF Investment Pool.

My Investment Recommendation (Please choose one regardless of Option selected):

- Long-Term Mix 1 - 35% Fixed Income, 65% Equity
Risk Averse Mix - 100% Money Market
Create Your Own Mix - Money Market __%, Fixed Income __%, Equity __%

Donors may recommend changes to investment allocation as needed to accomplish fund purposes (subject to THCF Board approval). No extra fees are charged for changes.

As required by IRS regulations, I acknowledge and agree that:

- a) My above recommendation is advisory only and THCF may, at its sole and absolute discretion, follow or decline to follow my recommendation;
b) THCF may at any time, at its sole and absolute discretion, change the investment of all or any portion of the assets in the Fund;
c) If my recommendation is accepted, the investments will be administered in accordance with the financial policies of THCF; and
d) Investments are subject to normal market and interest rate fluctuation risks, and any gain or loss generated by the above investments will be credited or charged to the Fund.

Signature _____ Date _____

Please remember that IRS guidelines require that authority for the investment of the funds lies with the Board of Directors of the Foundation, so any investment recommendations made are subject to the approval of the Board of Directors.



SUCCESSOR ADVISORS
Exhibit C

1. *Fund Representative Name: _____

Address: _____

City/St/Zip: _____

2. Name: _____

Address: _____

City/St/Zip: _____

3. Name: _____

Address: _____

City/St/Zip: _____

4. Name: _____

Address: _____

City/St/Zip: _____

5. Name: _____

Address: _____

City/St/Zip: _____

*The fund representative will receive all correspondence from the Foundation and be responsible for communicating all grant recommendations to the Foundation.



ANONYMITY/PUBLICITY

Exhibit D

To recognize and honor our donors, the policy of Truman Heartland Community Foundation (Foundation) is to include our donor fund names in publicity about the Foundation unless they wish to remain anonymous.

Please check the box below that best describes your wishes regarding publicity:

- I wish to have my fund name included in Foundation publicity.
- I do not wish to have my fund name included in Foundation publicity.

To recognize our donors' generosity, the Foundation's policy is to include our donor fund names in all grant communications unless they wish to remain anonymous.

Please check the box below that best describes your wishes regarding publicity:

- I wish to have my fund name included in grant communications.
- I wish to be listed as an anonymous donor.

By:

First Donor

Second Donor