



## GIVING FUND APPLICATION

The Donors of the account have full and equal rights to recommend grant distributions and to elect the successors of the account. If there is more than one mailing address, all account correspondence will be sent to Donor #1. There can be more than two Donors. (Please attach additional sheets if necessary.) Mail completed mailing form to the address at the end of this document.

DONOR #1 (Primary recipient for all account communication)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	
NAME (First, Last)/ ORGANIZATION	
NAME OF RESPONSIBLE PARTY	
MAILING ADDRESS	
CITY/ STATE/ZIP	
CONTACT #1	
CONTACT #2	
EMAIL	
<input type="checkbox"/> GO GREEN!	DONOR 1: I wish to receive electronic notifications instead of paper statements and cut down on paper usage.

DONOR #2 (Primary recipient for all account communication)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	
NAME (First, Last)/ ORGANIZATION	
NAME OF RESPONSIBLE PARTY	
MAILING ADDRESS	
CITY/ STATE/ ZIP	



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### DONOR #2 (Primary recipient for all account communication)

☐ Mr.
 ☐ Mrs.
 ☐ Ms.
 ☐ Dr.
 ☐ Other

CONTACT #1

CONTACT #2

EMAIL

☐ GO GREEN!

DONOR 2: I wish to receive electronic notifications instead of paper statements and cut down on paper usage.

### NAME THE GIVING FUND

Choose a name for your Giving Fund. You can name it after yourself, your family, or your cause (for example, "The Smith Family Philanthropy Fund" or "The Smith Family Foundation"). Grant letters to charities will include the account name and the name and address of the primary Donor(s), unless anonymity is requested.

GIVING FUND NAME

### FINANCIAL ADVISOR

If you are currently working with a financial advisor, would you like to give him/her access to your account?

☐ YES
 ☐ NO
 ☐ (If NO, please move on the succession plan section)

ADVISOR NAME

FIRM NAME

MAILING ADDRESS

CITY/STATE/ZIP

DAYTIME PHONE

EMAIL



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### FINANCIAL ADVISOR

This individual has:

- ☐ Full Access (*authority to recommend grants and investment allocation, and receive statements*)
- ☐ Read-Only Access (*can see grants and account activity, and receive statements*)

### GO GREEN!

Sign your advisor up to receive email communications including statement notifications and cut down on paper usage.

☐ ADVISOR: I wish to receive electronic notifications instead of paper statements and cut down on paper usage.

### SUCCESSION PLAN

DONORS HAVE THE OPTION OF:

1. Supporting one of SDG Impact Fund's permanent funds, used for: education, health, human services, and/or disaster relief initiatives worldwide.
2. Electing individuals to succeed them on the account with full rights as Donors,
3. Or, recommending charitable organizations to receive the remaining assets, as the beneficiary upon the death, incapacity or other disqualification of ALL Advisors of the account.

Note: You may choose a combination of all three (total must equal 100%). If no option is selected, the succession plan will default to Option (1). A Donor can change this election at any time by notifying SDG Impact Fund, in writing

☐ 1. I would like to name SDG Impact Fund as the beneficiary of the Giving Fund.

\_\_\_\_\_ % OF GIVING FUND VALUE

☐ 2. I would like to name the following individual(s) as beneficiaries of the Giving Fund. Please select one of the following options to determine how the account will be held by the successor(s):

- ☐ Person(s) name below succeeds the account with full rights as Donor(s). OR,
- ☐ Persons named below split the remaining, undistributed assets establishing

### SUCCESSOR #1



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SUCCESSION PLAN	
NAME (First Middle Last)	
SOCIAL SECURITY NO.	
MAILING ADDRESS	
CITY/STATE/ZIP	
EMAIL	
DAYTIME PHONE	
SUCCESSOR #2	
NAME (First Middle Last)	
SOCIAL SECURITY NO.	
MAILING ADDRESS	
CITY/STATE/ZIP	
EMAIL	
DAYTIME PHONE	
<input type="checkbox"/> 3. I would like to name the following Charitable Organizations as beneficiaries of the Giving Fund. Consider the below-named organizations as recommended grant recipients upon the death or legal incapacity of all Donors. (Please list additional organizations and percentages on a separate page.)	
ORGANIZATION #1	
ORGANIZATION	
FEDERAL TAX ID	
PHONE	



## GIVING FUND APPLICATION

### SUCCESSION PLAN

MAILING ADDRESS

CITY/STATE/ZIP

### SUCCESSOR #1

ORGANIZATION

FEDERAL TAX ID

PHONE

MAILING ADDRESS

CITY/STATE/ZIP

### SIGNATURES

I acknowledge that I have read the Giving Fund Application Form and agree to the terms and/or conditions described therein. I understand that any contribution, once accepted by SDG Impact Fund, represents an irrevocable contribution and is not refundable to me. I hereby certify that, to the best of my knowledge, all information presented in connection with this form is accurate, and I will promptly notify SDG Impact Fund in writing of any changes. (Please attach any additional donor signatures.)

_____ DONOR 1 SIGNATURE	_____ TITLE
_____ DONOR 1 PRINT NAME	_____ DATE



## GIVING FUND APPLICATION

### SIGNATURES

<hr/>	<hr/>
DONOR 2 SIGNATURE	TITLE
<hr/>	<hr/>
DONOR 2 PRINT NAME	DATE

**Mail Completed Agreement To:**

SDG Impact Fund  
Attn: Tony Suber  
475 E. Main Street #154  
Cartersville, GA 30121

**Or Fill Out and Sign Using DocuSign and Send to:**

[admin@sdgimpactfund.org](mailto:admin@sdgimpactfund.org)