



# SUCCESSION PLANNING FORM

Fund Name: \_\_\_\_\_ (the "Fund")

If at any point it becomes impossible or impractical for The South Saskatchewan Community Foundation (SSCF) to seek direction from you, the SSCF will contact your Successor Fund Advisor if one has been appointed.

Alternatively, if you the initial contributor(s), have chosen not to appoint a Successor Fund Advisor or your appointed Successor fails to act, the SSCF will refer to your expressed charitable interests below as the long term granting wishes for the Fund.

Please express your charitable interests by checking off one or more Areas of interest, or indicating charitable organizations, or both. Your selections from both sections must add up to 100%.

**A. Areas of Interest:** (Check all that interest you)

- Address the most pressing needs and opportunities as identified by the SSCF      Animal Welfare
- Arts & Culture      Community Development      Education      Environment      Health
- Scholarships/Miscellaneous      Social Services      Spiritual      Sports & Recreation

**Percent for Areas of Interest – Subtotal A.:** \_\_\_\_\_%

**B. Registered Charitable Organizations:** (if desired, list one or more)

- |    |             |                     |        |
|----|-------------|---------------------|--------|
| 1. | Name: _____ | Charitable #: _____ | _____% |
| 2. | Name: _____ | Charitable #: _____ | _____% |
| 3. | Name: _____ | Charitable #: _____ | _____% |
| 4. | Name: _____ | Charitable #: _____ | _____% |
| 5. | Name: _____ | Charitable #: _____ | _____% |
| 6. | Name: _____ | Charitable #: _____ | _____% |

**Percent for Registered Charitable Organizations – Subtotal B.:** \_\_\_\_\_%  
*(Subtotal A. plus Subtotal B. must equal 100%)*

**Notes:**

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- I understand that in signing this Succession Planning Form, I am expressing my charitable interests and wishes for the Fund's future administration. I understand that the SSCF will grant from the Fund according to its Granting Policy to the Areas of Interest where it will have the greatest impact in a given year and any charitable organization specified will be granted to annually. I also understand that if I wish to make any changes to this document, I must notify the SSCF in writing.

_____ Signature	_____ Print Name	_____ Date
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_____ Signature	_____ Print Name	_____ Date
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