



SUCCESSOR FUND ADVISOR 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 initial contributor(s), it is your desire for the SSCF to take recommendations from your appointed Successor Fund Advisor, and to refer to your Succession Planning Form only if the appointed Successor Fund Advisor fails to act.

You can name both a primary and alternate Successor Fund Advisor, understanding that the alternate would only be authorized to act if the primary Successor Fund Advisor is unwilling or incapable of accepting the appointment. Successor Fund Advisor must be at least 18 years old.

- I do not wish to appoint a Successor Fund Advisor at this time. Please refer to my Succession Planning Form as my long term granting wishes for the Fund.
I appoint the following Successor Fund Advisor and have shared my charitable preferences.

Successor Fund Advisor

Name: _____

Address: _____

Phone #: _____ Email: _____

Relationship (eg. Child, friend): _____ Date of Birth (mm/dd/yyyy): _____

Alternate Successor Fund Advisor (if desired)

Name: _____

Address: _____

Phone #: _____ Email: _____

Relationship (eg. Child, friend): _____ Date of Birth (mm/dd/yyyy): _____

- I understand that in signing this Successor Fund Advisor Form, I am expressing my wishes for the Fund's future administration. 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 _____

Signature _____ Print Name _____ Date _____