

Appendix C: Asset Distribution Upon Death

The Community Foundation of the Holland/Zeeland Area (CFHZ) requires a recommendation regarding disposition of remaining assets in your donor advised fund or designated agency fund upon the death of the last surviving advisor. As with grant recommendations made during your lifetime(s), distribution recommendations may be made to any 501(c)(3) organization with a mission approved by the CFHZ Board of Trustees.

Please use this form to convey to us those charities you recommend receive the remaining assets. *Note: You may amend your recommendation at any time by submitting a new, dated and signed Appendix C: Asset Distribution Upon Death form to CFHZ.*

Section 1: As indicated in the table below, I/we recommend that CFHZ distribute upon the death of our fund's last surviving advisor:

	%	Name of 501(c)(3) Charitable Organization	Address	Special Designation, if any	Pay out option
1.		Community Foundation of the Holland/Zeeland Area [optional]	85 E 8th Street Holland, MI 49423	Community Endowment Field of Interest Fund:	☐ lump sum, or ☐ over years
2.					☐ lump sum, or ☐ over years
3.					☐ lump sum, or ☐ over years
4.					☐ lump sum, or ☐ over years

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5.						☐ lump sum, or		
						over years		
6.						☐ lump sum, or		
						over years		
7.						☐ lump sum, or		
						over years		
TOTAL % [must equal 100] Note: If you wish to recommend additional charitable organizations, please us copy of this form or another sheet of paper.								
Section 2: In the event any of the charitable organization(s) I/we have designated in Section 1 no longer exists at the death of the last surviving advisor, I prefer that the CFHZ Board of Trustees redirect assets recommended for that charitable organization(s) to [select one]: another 501(c)(3) nonprofit(s) in West Michigan that is doing similar work its Community's Endowment for discretionary grants to nonprofits in the Holland/Zeeland area Signature of advisor #1 Signature of advisor #2, if applicable								
Signati	ire or advisor #1			Signature	от advisor #2, п аррпсавте			
Printed name of advisor #1				Printed name of advisor #2, if applicable				
Date				Date				

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