

# Succession Plan



CHARITABLE **IMPACT**

A Succession Plan outlines your charitable wishes and indicates how you would like your account to be administered in the event of your passing or incapacitation.

Charitable Impact should be notified and provided with proof of the Account Holder's death in order to carry out the recommendations outlined in the Succession Plan.

## 01\_Fund information

(to be completed by Charitable Impact)

Impact Account number	Charitable Investment Account number	Advisor name	Brokerage name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 02\_Account holders

Account holder #1 \_\_\_\_\_

Title	First name	Last name
<input type="text"/>		

Preferred Name	Relationship to Account holder #2
<input type="text"/>	<input type="text"/>

Date of birth	Primary phone number	Secondary phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary email address	Secondary email address
<input type="text"/>	<input type="text"/>

Preferred method of contact

Address	City	Province
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal code	Country
<input type="text"/>	<input type="text"/>

Account holder #2 \_\_\_\_\_

Title	First name	Last name
<input type="text"/>		

Preferred Name

Date of birth	Primary phone number	Secondary phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary email address	Secondary email address
<input type="text"/>	<input type="text"/>

Preferred method of contact

Address	City	Province
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal code	Country
<input type="text"/>	<input type="text"/>

Same address as Account holder #1



# 03\_Choose a successor option

Choose one of the following options. If option 1 or 2 are selected, please provide additional information in the sections below.

<p><b>Option 1: Recommend an account successor</b></p> <p>A successor will assume all account privileges and make recommendations on the account in the event of your passing or incapacitation.</p> <p>A successor might be a spouse, child, assistant, or trusted advisor.</p>	<p><b>Option 2: Make a recommendation to grant charitable assets immediately</b></p> <p>Assets in the Charitable Investment Account are liquidated and the cash proceeds are transferred to your Impact Account where the charitable dollars can then be distributed to the recipients you specify.</p> <p>Grants must be made to a registered Canadian charity. Grants can also be made to a Giving Group or transferred to another Impact Account.</p>	<p><b>Option 3: Create a custom plan</b></p> <p>To create a custom plan that is tailored to your charitable wishes, please contact:</p> <p><b>PHILANTHROPIC ADVISORY SERVICES</b> +1 877 531 0580 ext. 4 philanthropy@charitableimpact.com</p>
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## Option 1: Recommend an account successor

Successor #1 \_\_\_\_\_

Title	First name	Last name
_____	_____	_____

Primary email address \_\_\_\_\_

Secondary email address \_\_\_\_\_

Primary phone number \_\_\_\_\_

Secondary phone number \_\_\_\_\_

Relationship to Account holder #1	Relationship to Account holder #2
_____	_____

Name used to recommend grants \_\_\_\_\_

Note to successor

Successor #2 \_\_\_\_\_

Title	First name	Last name
_____	_____	_____

Primary email address \_\_\_\_\_

Secondary email address \_\_\_\_\_

Primary phone number \_\_\_\_\_

Secondary phone number \_\_\_\_\_

Relationship to Account holder #1	Relationship to Account holder #2
_____	_____

Name used to recommend grants \_\_\_\_\_

Note to successor



## Option 2: Make a recommendation to grant charitable assets immediately

Specify up to five recipients.

Recipient name	ID* (see note below)	% of amount (total should be 100%)	Note to share with recipient
Recipient #1			
Recipient #2			
Recipient #3			
Recipient #4			
Recipient #5			

**\*Note:** For charities, provide the charity's registration number. For Giving Groups, provide the name of the group and its administrator. For Impact Accounts, provide the individual's name and email.

In the event that a recipient listed above is unable to accept gifts at the time of your passing or incapacitation, the assets can be redistributed to the remaining recipients listed. Or, Charitable Impact will make its best efforts to give the funds to an organization undertaking similar work.

Please select one of the options (**required**):

Redistribute to remaining recipients

Give to an organization undertaking similar work

## 04\_Acknowledgement and signature

Account holder #1

Account holder name	Date
<input type="text"/>	<input type="text"/>

Signature \_\_\_\_\_

Account holder #2

Account holder name	Date
<input type="text"/>	<input type="text"/>

Signature \_\_\_\_\_