

Legacy Giving Recommendation

RAYMOND JAMES Charitable

**RJ Charitable
Service Center**
eSign / Scan / Fax

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Form #

FA #

Branch #

Speed Dial #

ACCOUNT INFORMATION

Account Name

Account Number

As an alternative to naming successor advisors to my/our account, we desire to support the following organization(s) or area(s) of interest beyond our lifetime. I/we understand this information will be used as guidance for the administration of the above named account after the death of the last surviving advisor to the account. I/we understand we may request a change to this information during our lifetime.

One form per charity to be named is required.

CHARITY INFORMATION - Charity _____ of _____ total charities to receive a gift from this account.

Name of Charity

Purpose of Grant (e.g., general use, building fund)

Charity's Federal Tax ID Number (if available)

Daytime Phone Number

Street Address

City

State

ZIP

Contact Name (if available)

Contact Email Address (if available)

GRANT INFORMATION

▶ One time grant of _____ % of account balance to this charity to distribute the account in full.

▶ Continuing grant amount of (minimum \$250):

\$ _____ (amount per distribution) or

_____ % annually, paid in:

Quarterly Installments

Semiannual Installments

Annual Installment

(Periodic distributions will commence in the year following the death of the last surviving donor advisor. Percentage distributions will be calculated based on the 12/31 market value. If any charity's portion is less than the minimum grant amount of \$250, the grant will be increased to meet the minimum requirement.)

CHARITY SUBSTITUTION RECOMMENDATION(S)

If the above charity is not in existence at the time of the distributions, I request that such charity's grant be:

Reallocated, pro-rata, to the other charities named.

Distributed to an organization to be chosen by the Raymond James Charitable's board of directors based on the Areas of Interest selected below.

AREAS OF INTEREST

If no charities are named above or all of the charities listed are not in existence at the time of distribution, then I request the grants be distributed to the field(s) of interest specified (for example: education, arts, cancer research, etc.) and in the percentage indicated:

_____ % _____ %

_____ % _____ %

ACKNOWLEDGEMENT INFORMATION

The approved grant to the charity will be accompanied by a letter recognizing your contribution by listing the name of your account.

Check here, if you would like your contribution to be made anonymously.

CERTIFICATION

I hereby certify that neither I nor anyone related to me will receive any benefit from the recommended charitable organization (e.g., I am not paying for membership fees, dues, tuition, benefit tickets, goods bought at auction, etc.) by way of this grant if distributed, and the grant does not fulfill a pledge to the recommended charitable organization. I understand that I will not be entitled to a tax deduction when the grant is made.

Donor/Donor Advisor Signature

Date

Donor/Donor Advisor Signature

Date

Name (please print)

Name (please print)

Please contact RJCHARITABLE@RAYMONDJAMES.COM or 866-687-3863 or ext. 77221 with any questions