



JEWISH COMMUNITY  
**FOUNDATION**  
 OF GREATER KANSAS CITY

## Successor Advisor(s)

Upon Death or Incapacity  
 of the Advisors

Fund Name: \_\_\_\_\_

... The privilege of making recommendations with respect to distributions from the Fund  
 ... belongs to the Donors during their lifetimes (the "Advisors"). Upon the death or legal  
 ... incapacity of the Advisors, the privilege of making recommendations with respect to  
 ... distributions from this Fund shall belong to the Successor Advisors (named below) during  
 ... his/her/their lifetime(s) (the "Successor Advisor(s)").

1 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

2 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

3 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

4 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

After the death, legal incapacity or resignation of the Successor Advisor(s), or after the death, legal incapacity or resignation of the Advisors if no Successor Advisor(s) has/have been named, the Fund shall be closed and the balance transferred to the Community Legacy Fund of the Jewish Community Foundation of Greater Kansas City (the "Foundation"). The privilege of making recommendations with respect to distributions from the Community Legacy Fund belongs to the Grants Committee of the Foundation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_