

## Open Hand Cornucopia Society – Estate or Deferred Planned Gift Agreement

Welcome to the Open Hand Cornucopia Society!

Thank you for choosing to include Open Hand in your will and estate plans. As a member of our Cornucopia Society, your generosity ensures that Open Hand can continue to fulfill our mission in the community for years to come.

This document is intended to inform Open Hand of any estate or deferred gifts Open Hand should anticipate receiving through your estate plan. If you have any questions about this agreement, please call Senior Director of Resource Development and Marketing, Katie MacKenzie, at 404-419-3302 or [kmackenzie@openhandatlanta.org](mailto:kmackenzie@openhandatlanta.org).



### DONOR INFORMATION

**Donor 1** (NOTE: All correspondence will be sent to Donor 1 unless otherwise specified)

Full Name (First, Middle, Last): \_\_\_\_\_

Nickname: \_\_\_\_\_

Preferred Salutation (ex. Mr. John P. Doe or Jim Doe): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Please send mail to my:  Home  Office

Business or Organization Name \_\_\_\_\_

Position \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Email: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Donor 2**

Full Name (First, Middle, Last): \_\_\_\_\_

Nickname: \_\_\_\_\_

Preferred Salutation (ex. Mr. John P. Doe or Jim Doe): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Please send mail to my:  Home  Office

Business or Organization Name \_\_\_\_\_

Position \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Email: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Relationship to Donor 1: \_\_\_\_\_



**TYPE OF PLANNED GIFT**

**Will/Bequest**

Expected Value: \$ \_\_\_\_\_ Date of Will/Trust \_\_\_\_\_

*Executor Contact Information*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

*Please attach a copy of the relevant page(s) from the will or trust document(s).*

**IRA/Pension Plan**

Expected Value: \$ \_\_\_\_\_ % of IRA: \_\_\_\_\_

Open Hand Atlanta's Beneficiary Status:  Primary  Secondary

*Please attach a copy of the IRA/Pension Plan beneficiary documentation or provide information below:*

IRA Plan Administrator:

\_\_\_\_\_

Account Number or Name:

\_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Life Insurance**

Expected Value: \$ \_\_\_\_\_ % of Policy \_\_\_\_\_

Open Hand Atlanta's Beneficiary Status:  Primary  Secondary

*Please attach a copy of insurance policy beneficiary documentation include insurance company and policy number or provide information below:*

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Charitable Remainder/Lead Trust**

Expected Value:

\$ \_\_\_\_\_

*Please attach copy of the trust document(s), or provide Trustee information below:*

Trustee: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Other**

Expected Value:

\$ \_\_\_\_\_

Please Explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PLEASE PROVIDE ANY FURTHER INFORMATION** you think Open Hand Atlanta should know about your planned gift. Attach additional pages if needed or fill out notes below:

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**PROFESSIONAL ADVISOR**

If you are working with a financial, tax or estate planning advisory to structure your planned gift, please complete the following:

Advisor Name: -----

Firm Name: -----

Business Address: -----

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Email: \_\_\_\_\_ Business Phone: \_\_\_\_\_



**REFERRAL**

How did you learn about Open Hand Atlanta?

Professional Advisor  Donor  Volunteer  Employee  Website  Other: \_\_\_\_\_



**SIGNATURES**

Donors listed in Section 1 (“Donor Information”) must sign below:

**Donor 1**

Name (please print):

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Signature:

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

**Donor 2**

Name (please print):

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Signature:

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

**Open Hand Atlanta Representative**

Signature:

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Title: \_\_\_\_\_

Name (please print):

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Date:

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