



## DISTRIBUTION REQUEST

Charities can be changed at any time by submitting a new Distribution Request form to Barnabas Foundation. Forms are available at [www.barnabasfoundation.com](http://www.barnabasfoundation.com) or by calling your local Barnabas Foundation office. Distribution requests may be made for any 501(c)(3) organization with a mission consistent with Christian values.

Upon my/our death, it is my/our request that Barnabas Foundation distribute the funds to the charitable organizations listed below in the percentages or dollar amounts indicated (or in equal shares, if not specified). **This distribution request shall govern ALL funds received or held by Barnabas Foundation unless otherwise specified on the line below:**

Please indicate a “**yes**” or “**no**” (to the right of each charity listed) as to whether you would like us to inform each charity of your intent to remember them in your Estate Plan. **No specific percentages or amounts will be disclosed.**

	ORGANIZATION	ORGANIZATION ADDRESS	<input type="checkbox"/> EQUAL SHARES or <input type="checkbox"/> PERCENTAGE		INFORM CHARITY	
			YES	NO	YES	NO
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE(S): \_\_\_\_\_  
 Print Donor Name \_\_\_\_\_

DATE: \_\_\_\_\_  
 Print Donor Name \_\_\_\_\_

**Person to contact after my/our passing, regarding my/our Estate** (i.e. the Executor of your Will or Trustee of your Revocable Trust):

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

Relationship to Donor(s): \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_