



## STEWARDS FUND DISTRIBUTION REQUEST

Barnabas Foundation requires a recommendation regarding disposition of any remaining assets in your Stewards Fund account upon the death of the surviving primary advisor. Please use this form to inform us of the charities you would like to receive the balance of your account or provide us with the individuals you would have serve as Successor Advisors. Then mail, e-mail or fax a signed copy to us (see contact information above).

### NAME OF YOUR STEWARDS FUND

#### 1. Charitable Organization

%

Name of Charitable Organization

Mailing Address: Street, Suite or Apt. #

City State Zip

Special designation, if any

#### 2. Charitable Organization

%

Name of Charitable Organization

Mailing Address: Street, Suite or Apt. #

City State Zip

Special designation, if any

#### 3. Charitable Organization

%

Name of Charitable Organization

Mailing Address: Street, Suite or Apt. #

City State Zip

Special designation, if any

#### 4. Charitable Organization

%

Name of Charitable Organization

Mailing Address: Street, Suite or Apt. #

City State Zip

Special designation, if any

#### 5. Charitable Organization

%

Name of Charitable Organization

Mailing Address: Street, Suite or Apt. #

City State Zip

Special designation, if any

#### 6. Charitable Organization

%

Name of Charitable Organization

Mailing Address: Street, Suite or Apt. #

City State Zip

Special designation, if any

If you wish to recommend additional charitable organizations, please use a separate sheet.

If you would prefer to provide us with the individuals you would have serve as your Successor Advisors, please fill out the following section.

**Successor Advisor**

Title	First	Initial	Last Name
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Date of Birth	Relationship to Advisor
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Mailing Address: Street, Suite or Apt. #

City	State	Zip
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Home Phone	Cell Phone
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Email Address

**Successor Advisor**

Title	First	Initial	Last Name
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Date of Birth	Relationship to Advisor
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Mailing Address: Street, Suite or Apt. #

City	State	Zip
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Home Phone	Cell Phone
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Email Address

If you wish to recommend additional advisors, please use a separate sheet.

If you are **NOT** choosing a Successor Advisor, please enter the name of the person we should contact after your passing, regarding your Stewards Fund (i.e. the Executor of your Will or Trustee of your Revocable Trust):

Name

Phone

Email

Address, City, State and Zip

**SIGNATURES**

**DATE**

\_\_\_\_\_  
Primary Advisor

\_\_\_\_\_  
Additional Primary Advisor (if applicable)

Print or Type Full Name

Print or Type Full Name