

Donor Gift Application

Donor Information (please print)

- | | |
|--|---|
| 1. Donor Name _____
Address _____

Email _____ | Social Security Number _____ - _____ - _____
Date of Birth ____ / ____ / ____
Phone _____
Cell _____ |
| 2. Donor Name _____
Address _____

Email _____ | Social Security Number _____ - _____ - _____
Date of Birth ____ / ____ / ____
Phone _____
Cell _____ |
| 3. Donor Name _____
Address _____

Email _____ | Social Security Number _____ - _____ - _____
Date of Birth ____ / ____ / ____
Phone _____
Cell _____ |

Additional Information

Name of Account _____
(Your account may be named for yourself, a family member, or any other name of your choice.)
Advisor _____ Phone _____
(e.g. lawyer, accountant, financial professional) Email _____

Contribution Information

\$10,000 minimum initial gift

Cash: Checks must be made payable to the Hills Bank Donor Advised Gift Fund.
Securities: Please call Hills Bank Trust and Wealth Management at 1-800-899-8858 for securities transfer procedures or certificate endorsement instructions. Please consult your tax preparer for rules relating to deductibility.

Fee Schedule

The annual account maintenance fee covers the following administrative costs associated with the maintenance of your gift funds:

- The processing of distributions to qualified beneficiaries
- The preparation and mailing of donor reports
- Maintaining available investment alternatives
- The purchase and sale of investment assets

1.00% on the first \$500,000
0.20% on the balance in excess of \$500,000
Minimum annual fee - \$100.00

The fee schedule is subject to change.

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Successor Election

You may select a successor individual or charitable organization advisor who will recommend distribution to qualified charities following your death or incapacity as certified by a physician. Or, if you prefer, you may designate one or more qualified charities to receive all remaining undistributed assets outright. Please complete either A, B, or C, below.

A. Individual Advisors (please print)

1. Name _____	Social Security Number _____ - _____ - _____
Address _____	Date of Birth _____ / _____ / _____
Email _____	Phone _____
Relationship to Donor _____	Cell _____

2. Name _____	Social Security Number _____ - _____ - _____
Address _____	Date of Birth _____ / _____ / _____
Email _____	Phone _____
Relationship to Donor _____	Cell _____

B. Charitable Organization Advisor (please print)

Organization Name _____	Federal Tax ID Number _____
Address _____	Contact Person _____
_____	Phone _____
Email _____	Cell _____

C. Charitable Organization Recipient (please print)

On my death I direct that any undistributed balance be divided and distributed as follows:

Organization Name _____	Federal Tax ID Number _____
Address _____	Contact Person _____
_____	Phone _____
Email _____	Cell _____
(Please attach a separate sheet with any additional successors.)	Percentage of gift fund account _____

I acknowledge that I have read the Hills Bank Donor Advised Gift Fund materials and agree to the terms and/or conditions described therein. I hereby certify that, to the best of my knowledge, all information presented in connection with this application is accurate and I will notify the Hills Bank Donor Advised Gift Fund promptly of any changes. (Each donor must sign this section before the account can be established.)

Donor(s) Signature(s)

Date

_____	_____
_____	_____

Receipt by Trustee

Date

Authorized Hills Bank Trust and Wealth Management Signature