



# Hills Bank Donor Advised Gift Fund Application

## Donor Information (please print)

|  |  |
|--|--|
| 1. Donor Name _____<br>Address _____<br>_____<br>Email _____ | Social Security Number _____ - _____ - _____<br>Date of Birth _____ / _____ / _____<br>Phone _____<br>Cell _____ |
| 2. Donor Name _____<br>Address _____<br>_____<br>Email _____ | Social Security Number _____ - _____ - _____<br>Date of Birth _____ / _____ / _____<br>Phone _____<br>Cell _____ |
| 3. Donor Name _____<br>Address _____<br>_____<br>Email _____ | Social Security Number _____ - _____ - _____<br>Date of Birth _____ / _____ / _____<br>Phone _____<br>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.

Investment products are not a deposit, not FDIC insured, not insured by any federal government agency, carry no bank guarantee, and may go down in value.



# HILLS BANK

WEALTH MANAGEMENT



# Hills Bank Donor Advised Gift Fund Application

## 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

Rev. 1-2020



# HILLS BANK

WEALTH MANAGEMENT