

Final Beneficiary Form



Please complete, sign and submit this form to update Final Beneficiary. These instructions supersede any previous instructions made. Changes will be made effective once received, unless otherwise stated.

Donor Name _____ Account # _____

Mailing Address _____

Telephone No. _____

Email Address _____

Signature _____ Date _____

Please select how you desire the remainder of your gift to be paid:
(Contact the Foundation office if you have any questions on each option)

Permanent Endowment (income is paid each year and the principal stays invested). You may name the endowment.
For example: "Johnson Family Endowment", "Smith Scholarship Fund," etc.,
Fund Name _____

Lump Sum Payment (All proceeds are paid at once)

Other _____

Distributions are to be made to the following charitable organizations:

<u>Organization:</u>	<u>Percentage:</u>
_____	_____ %
_____	_____ %
_____	_____ %

Additional Instruction: _____

Please Note: ABF will make every attempt to honor your distribution instructions. If any of the Charitable Organizations listed above ceases to exist, their portion will be divided equally among the other organizations. If all organizations cease to exist, then ABF will distribute the income (and or principal) to one or more organizations described in IRS sections 170(b)(1)(A), 170(c), 2055(a), and 2522(a) as the Trustee in its sole discretion.

Authorized By:
Print Name _____ Signature _____ Date _____

For more information please contact us by:
Phone (610)-768-2035 or Fax (610)-768-2213 or by email at abfaccounts@abc-usa.org