

ENDOWMENT FUND ORIGINATOR INFORMATION	
Legal Name of Originating Individual/Agency	
Street Address	
City, State and ZIP Code	
Telephone	
E-mail	
Parish (if applicable)	
FUND AGREEMENT INFORMATION	
Fund Name/Title	
<b>Testimonial Narrative</b> <i>Optional narrative capturing the reason behind establishing this legacy endowment.</i>	
PRIMARY BENEFICIARY (-IES)	
Primary Beneficiary Agency #1	
Primary Beneficiary #1 Street Address	
Primary Beneficiary #1 City, State and Zip Code	
Primary Beneficiary #1 Distribution Designation	
Primary Beneficiary Agency #2	
Primary Beneficiary #2 Street Address	
Primary Beneficiary #2 City, State and Zip Code	
Primary Beneficiary #2 Distribution Designation	

**CHANGE IN CIRCUMSTANCES**

*Please complete the following if the Primary Beneficiary(-ies) should cease to exist in the future.*

Contingent Beneficiary Agency #1	
Contingent Beneficiary #1 Street Address	
Contingent Beneficiary #1 City, State and Zip Code	
Contingent Beneficiary #1 Distribution Designation	
Contingent Beneficiary Agency #2	
Contingent Beneficiary #2 Street Address	
Contingent Beneficiary #2 City, State and Zip Code	
Contingent Beneficiary #2 Distribution Designation	
Tertiary Beneficiary Agency #1	
Tertiary Beneficiary #1 Street Address	
Tertiary Beneficiary #1 City, State and Zip Code	
Tertiary Beneficiary #1 Distribution Designation	
Tertiary Beneficiary Agency #2	
Tertiary Beneficiary #2 Street Address	
Tertiary Beneficiary #2 City, State and Zip Code	
Tertiary Beneficiary #2 Distribution Designation	

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