

Trust Transfer Form

Transferring a Trust

This document guides Momentum Waikato on the use of our funds once our Trust has been transferred to them. I/We understand that to **Transfer a Trust**, independent legal advice needs to be sought, with the intent to advise Momentum Waikato once confirmed.

Legal Name of existing Trust: _____

Trust Type and Distribution

I/We would like the Trust gift distributed immediately through the **Today Fund**.

- Today Fund \$_____

I/We would like the Trust gift to be invested in perpetuity through the **Waikato Future Fund**, with distributions made from the income earned.

- Future Fund \$_____

I/We would like a fixed amount or a percentage of the Trust to be distributed immediately through the **Today Fund** *and* a fixed amount or a percentage of the Trust to be invested in the **Waikato Future Fund**. Please specify:

- Today Fund \$_____ or _____ %
- Future Fund \$_____ or _____ %

I/We would like to set up a **Named Fund** with Momentum Waikato with this Trust Transfer. The new Named Fund with Momentum Waikato will be known as:

Distribution Allocation

Select as many as apply:

a) _____ % is to be **distributed** to unrestricted giving to the highest community needs and aspirations, as identified by the 'Vital Signs' research.

b) _____ % is to be **distributed** to the following fields of interest [please indicate below]

- | | | |
|---|---|--|
| <input type="checkbox"/> Arts & Culture ___ % | <input type="checkbox"/> Children & Youth ___ % | <input type="checkbox"/> Economic Vitality ___ % |
| <input type="checkbox"/> Education ___ % | <input type="checkbox"/> Environment ___ % | <input type="checkbox"/> Health ___ % |
| <input type="checkbox"/> Recreation/Sport ___ % | <input type="checkbox"/> Strong Communities ___ % | |

c) ___% is to be **distributed** to _____ (charity)

d) ___% is to be **distributed** to _____ (charity)

Authorisation for Name Disclosure

Momentum Waikato appreciates being able to publicly identify its donors in its marketing, so as to recognise their generosity and encourage further support from the community. Momentum Waikato will only disclose its donors' names with their specific permission.

Yes, I/we agree to being publicly identified as a donor(s) to Momentum Waikato.

No, I/we wish to remain anonymous.

Trust/Donor Profile

Trust name	
Trustees' full names	
Trust main contact (please include phone and email)	
Trust address	
Alternative phone #	

Additional Comments

Please provide further information on your values, interests and aspirations, to assist Momentum Waikato with future decision-making on the Trust's behalf.

Trust Transfer Form

Signed by Trustee/s

Full name (please print) _____

Signature _____ Date _____

Full name (please print) _____

Signature _____ Date _____

Full name (please print) _____

Signature _____ Date _____

Full name (please print) _____

Signature _____ Date _____

Signed by Momentum Waikato

Full name (please print) _____

Signature _____ Date _____

Please return this form to:

Momentum Waikato Community Foundation

P O Box 9283, Hamilton 3240

Tel 07 834 0404. Email info@momentumwaikato.nz

Momentum Waikato is registered with the NZ Charities Commission #CC49535