

# Named Endowment Fund

## Memorandum of Wishes



I/ We wish to establish a Named Endowment Fund with the Northland Community Foundation.

In making this decision, I/we recognise that this Fund is not a separate trust or sub trust. I/We confirm that what is noted below is simply an expression of my/our wishes and is not legally binding on the Trustees of the Foundation.

**1. Full Legal Name(s):** .....

**Address:**.....

**Phone:** ( )..... **Mobile:** ( ).....

**Email:** ..... **D.O.B:** / / **D.O.B:** / /

**2. Name of Endowment Fund:**.....

**3. Intended Beneficiaries for annual distributions from my/our Endowment Fund:**

Select EITHER (a) OR (b) OR a combination of both

(a) % is to be distributed to ANY charitable purpose (or purposes) within the Northland area, at the discretion of the Trustees of the Foundation.

(b) This/These organisation/s shall receive my distributions with the following allocations: .....

.....

.....

**4. Ongoing Liaison**

The Foundation will provide ongoing liaison as follows:

(a) While I am/either of us is are living:

An annual written report telling how much was distributed and to whom (if appropriate).

(b) After I/both of us have died:

An annual written report to my/our executors (or anyone nominated by them) telling how much was distributed and to whom, for as long as they want to receive this information.

**5. General**

(a) I/We confirm that provision for this Fund has been made in my/our will and/or Trust documentation.

(b) I/We acknowledge that my/our intention as to our beneficiaries for this fund may change in the future. I/We therefore reserve the right to notify you from time to time of any such changes.

(c) I/We reserve the right to change the name of the Endowment Fund if I/we wish.

(d) When using the expression "the Northland area," I/we mean the are within the jurisdiction of the Northland Regional Council.

(e) I/We acknowledge that where I/we have made reference to the distribution of income, this reference reflects the amount of the fund that the Trustees of the Foundation decide to distribute that year, whether that be income from the fund or whether it be topped up by capital.

(f) Where I/we have specified a particular beneficiary, if, in the judgment of the Trustees of the Foundation, that beneficiary ceases to meet the legal tests of being a charitable purpose with tax exempt status, I/we ask that the Foundation distribute what would have gone to that beneficiary to another charitable beneficiary (or beneficiaries) which has purposes and objectives similar to those of the intended beneficiary as at the time of this application.

(g) If in the judgment of the Trustees of the Foundation, circumstances have so changed since the establishment of the Fund that strict compliance with this Memorandum is undesirable, impractical or impossible, I/we agree that the Trustees may direct the distributions from the Fund to such charitable purpose they think best, taking into account my/our wishes given the changed circumstances.

(h) If I/we have specified a particular beneficiary or activity that does not meet the technical requirements of a charitable purpose, I/we ask that the Foundation do what it can to achieve our objective while still meeting the Foundation's own legal obligations as a charitable trust.

(i) Although the Foundation will keep a separate accounting record for the amount of money in this Endowment Fund, all of the Endowment Funds administered by the Foundation may be pooled and invested accordingly, and the investment income and the changes in capital value shall be shared proportionately.

(j) I/We acknowledge that the Trustees of the Foundation will apply an amount each year toward the Foundation's administration expenses. The amount will be debited to the capital of the Endowment Fund. At this time, the annual donation is set at 1% of the capital in the Endowment Fund, but I/we acknowledge that the percentage may be varied from time to time by the Trustees of the Foundation.

## Establishment Donation

Donors are encouraged, when setting up their fund, to make a **one-off establishment donation** which goes towards the operating expenses of the Northland Community Foundation. This donation will allow the Foundation to administer their fund in the first instance, continue to build the profile of the Foundation, and encourage other potential donors to set up a fund. In other words, this establishment donation allows the staff to continue the daily work of the Northland Community Foundation. This donation may qualify for a 33.3% tax credit.

I/We agree to pay the establishment donation of \$5000 by the following method (please tick applicable box):

Upon the establishment of this fund.

A cheque is enclosed, or I/we intend to transfer the money via internet banking to NCF's Operations account: 02-0492-0042089-004

OR

\$1000 annually for the next five years.

A cheque is enclosed for the first installment, or I/we intend to transfer the money via internet banking NCF's Operations account: : 02-0492-0042089-004

OR

At the time the Northland Community Foundation receives the funds from my/our estate.

## Living Giving

Many of our endowment fund holders enjoy the opportunity to see their gifts in action. The Northland Community Foundation team is happy to work with you to put a Living Giving plan in place that meets your giving goals.

**Living Giving donations should be made to NCF's account:** 02-0492-0042089-004

## Authorisation for Name Disclosure

The Northland Community Foundation appreciates being able to list its donors in various ways, to encourage support among the community.

It can be very encouraging for people to see donors listed whom they know and respect. However, we appreciate this can be a very delicate subject for some people, and we will only list names where we have been given authority to do so. Obviously, there will never be any discussion relating to an individual's financial situation.

Yes, I am happy for my/our name(s) to be listed in various advertising and marketing formats.

No, I/we wish to remain anonymous until I/we have died.

No, I/we wish to remain anonymous after death.

## Signatures

Full Legal Name (please print) .....

Signature .....

Date: / /

Full Legal Name (please print) .....

Signature .....

Date: / /

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Contact: **Greta** (021) 558 224 or **Sophie** (0204) 139 8518  
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