



# Memorandum of Wishes

I wish to make a bequest to the Nelson Bays Community Foundation ("the Foundation").

I/We confirm that what is expressed below is simply an expression of my/our wishes and is not legally binding on the Trustees of the Foundation.

Full Name and address: .....

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

Email:..... DOB:..... DOB:.....

I confirm that provision has been made in my/our Will/Trust documentation for an endowment to be distributed as per this Memorandum of Wishes.

My/Our endowment is to be applied as follows (please fill in as appropriate and delete where not applicable)

- i. .... % is to be distributed to any charitable purpose (or purposes) within the Nelson Tasman / Marlborough (delete area if appropriate) area at the discretion of the Trustees of the Foundation; and/or
- ii. .... is to be applied to .....
- iii. .... is to be applied to .....

*NB: You may specify one at 100% or split among up to 3 choices to total 100%.*

I/We acknowledge that my/our intention as to who the beneficiaries are to be may change in the future.

I/We therefore reserve the right to notify you from time to time of any such changes.

When using the expression "the Nelson Tasman / Marlborough area" I/we mean the area within the jurisdiction of the Nelson City Council, Tasman District Council and the Marlborough District Council (or their successors).

We acknowledge that where I/we have made reference to the distribution of income, this refers to however much 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.

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.

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 Fund. At this time the annual donation is set at 1% of the capital in the Fund but I/we acknowledge that this may be varied from time to time by the Trustees of the Foundation.

The Nelson Bays 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 the 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.

**SIGNED:**

.....  
Full name (please print)

.....  
Signature

.....  
Date

.....  
Full name (please print)

.....  
Signature

.....  
Date