

# Designated fund application

A designated fund at the National Christian Foundation (NCF) is used by individuals to designate IRA rollover gifts to a specific charity. To learn more, visit [ncfgiving.com/guide](http://ncfgiving.com/guide) and read our [Essential guide to NCF's giving solutions](#).

To open a designated fund, please complete the following application and email, fax, or mail it to our team at NCF.

## 1. NAME OF FUND

What would you like to name the fund?

The \_\_\_\_\_ Designated Fund

EXAMPLE: The Smith Family Giving Designated Fund, The John 3:16 Designated Fund, The Main Street Church Designated Fund, etc. The fund name and your name will appear on all fund correspondence, as well as all correspondence that accompanies grants (distributions) from the fund (unless you request anonymity).

## 2. CHARITY INFORMATION

Charitable entity to whom assets are to be distributed\*:

---

Charity name

EIN

---

Address: Include P.O. Box, street, suite, or apt #

---

City

State

Zip

---

Phone

Email

Web address

\*Entity must be recognized and qualified as a tax-exempt organization and a public charity or private operating foundation under Sections 501(c)(3) and 509(a) of the Internal Revenue Code, contributions to which are tax deductible under Sections 170(c) and 170(b)(1)(A) of the Code. In the event the entity ceases to be so recognized or to so qualify, NCF may distribute assets in the designated fund to another entity at its discretion. NCF may also distribute assets to another entity if NCF determines the restriction of distribution to the identified charity is unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community served, or would prevent NCF from using the fund to further or carry out one of its exempt purposes.

### 3. FUNDHOLDER CONTACT INFORMATION

#### Primary fundholder

---

Title	First name	Initial	Last name
-------	------------	---------	-----------

---

Date of birth

---

Address: Including P.O. Box, street address, suite, or apt #

---

City	State	Zip
------	-------	-----

---

Home phone	Business/Cell	Fax
------------	---------------	-----

---

Email address\*

\*This is required and will be your User ID on our website.

#### Preferred method of contact (check one)

Email  Phone  Mail

Unless instructed (by separate attachment), NCF will accept recommendations equally from either of the fundholders named above. If you wish to authorize additional advisors, please note their contact information (including email and address) on a separate sheet.

### 4. PROFESSIONAL ADVISOR INFORMATION (IF APPLICABLE)

If you work with a professional advisor that you wish to have access to your fund, please fill out the following section. If you do not wish for your professional advisor to have access, leave this section blank.

**Type of advisor (check one)** Accountant  Attorney  Financial Advisor  Other (specify)

---

Advisor name, title, and firm name

---

Mailing address	City	State	Zip
-----------------	------	-------	-----

---

Phone	Email
-------	-------

#### I authorize my advisor to access my fund:

- Full Access – Complete rights to manage fund on behalf of fundholder
- Advisor – Limited access; can recommend grants, change investment allocation, and request fund transfers
- Reviewer – Does not have access to act on behalf of fundholder; may be informed of giving activity

(If no box is checked, we will assume “no access”)

#### Additional fundholder

---

Title	First name	Initial	Last name
-------	------------	---------	-----------

---

Date of birth

---

Address: Including P.O. Box, street address, suite, or apt #

---

City	State	Zip
------	-------	-----

---

Home phone	Business/Cell	Fax
------------	---------------	-----

---

Email address\*

\*This is required and will be your User ID on our website.

#### Preferred method of contact (check one)

Email  Phone  Mail

## 5. HOW DID YOU HEAR ABOUT US?

Please tell us how you heard about NCF (please list specific names and/or organizations).

- Advisor: \_\_\_\_\_
- Board: \_\_\_\_\_
- Church: \_\_\_\_\_
- Giver: \_\_\_\_\_
- Ministry: \_\_\_\_\_
- Web/Marketing: \_\_\_\_\_
- Staff: \_\_\_\_\_

## 6. INVESTMENT INFORMATION

Your designated fund may be invested for stability of principal or for growth potential. Please select one or more investment pools below and indicate the percentages you desire for each pool, totaling 100%. For full descriptions of NCF's investment pools, as well as information about separately managed investment options, visit [ncfgiving.com/investments](http://ncfgiving.com/investments).

- \_\_\_\_\_ % Cash Reserve: Seeks preservation of capital by maintaining a stable \$1 net asset value
- \_\_\_\_\_ % Faith-Driven Fixed Income: Short-duration, investment-grade, fixed-income investments
- \_\_\_\_\_ % Faith-Driven Conservative: 30% global equity
- \_\_\_\_\_ % Faith-Driven Balanced: 50% global equity
- \_\_\_\_\_ % Faith-Driven Domestic Equity: 100% domestic equities
- \_\_\_\_\_ % Faith-Driven Global Equity: 100% global equity
- \_\_\_\_\_ % Fixed Income: Short-duration, investment-grade, fixed-income investments
- \_\_\_\_\_ % Moderate Income: 20% equity
- \_\_\_\_\_ % Balanced Income: 35% equity
- \_\_\_\_\_ % Balanced Growth: 50% equity
- \_\_\_\_\_ % Growth: 70% equity

**100% TOTAL** Note: Changes to your investment options may be made only once every 30 days.

## SIGNATURES

I acknowledge that I have read NCF's terms and conditions (our Program Agreement, available at [ncfgiving.com/agreement](http://ncfgiving.com/agreement)) and agree to the terms and/or conditions described therein. I understand that in order to qualify as a deductible contribution for income tax purposes, the National Christian Foundation will fully own all contributed assets, and that earnings and losses on the investments in the various pools are typically allocated to the Giving Funds. Further, I understand that my communication regarding the Fund is advisory only and that ultimate decisions and control, relative to each of these issues, are that of the National Christian Foundation.

\_\_\_\_\_  
Primary fundholder signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional fundholder signature (required)

\_\_\_\_\_  
Date

National Christian Charitable Foundation, Inc. D/B/A National Christian Foundation

\_\_\_\_\_  
By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and title

\_\_\_\_\_  
Effective date