

## 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.

For Example: The Main Street Church Designated Fund, etc. The Fund name will appear on all Fund correspondence unless you request anonymity.

### 2. CHARITY INFORMATION

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

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Charity Name

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Mailing Address

City

State

Zip

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Phone

Email

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Web Address

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EIN

\*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. DONOR CONTACT INFORMATION

#### Primary Fund Holder

Title First Name Initial Last Name

Date of Birth\*

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

City State Zip

Phone Cell Fax

Email Address\*

*\*This is required. Your email will be your User ID on our website. E-Notifications will be sent here when quarterly statements are available.*

Preferred Method of Contact (Circle One)

Email Phone Mail Cell

#### Additional Fund Holder

Title First Name Initial Last Name

Date of Birth

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

City State Zip

Phone Cell Fax

Email Address\*

*\*This is required and will be your User ID on our website. E-Notifications will be sent here when quarterly statements are available.*

Preferred Method of Contact (Circle One)

Email Phone Mail Cell

Unless instructed (by separate attachment), NCF will accept recommendations equally from either of the Fund Holders named above regarding the timing of grants made to the identified charity. 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: (Circle One) Accountant Attorney Financial Advisor Other (Specify)

Advisor Name & 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 Fund Holder
- Advisor – Limited access; can recommend grants, change investment allocation, and request Fund transfers
- Reviewer – Does not have access to act on behalf of Fund Holder; may be informed of giving activity

(if no box is checked, we will assume "No Access")

## 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 in NCF's investment pools. Funds with balances of \$300,000 or more may be separately managed by your professional advisor. Learn more about our investment options at [ncfgiving.com/investments](http://ncfgiving.com/investments).

Please select one or more investment pools below and indicate the percentages you desire for each pool, totaling 100%. (Note: The final five pools are diversified among global equities, fixed-income, commodities, and risk-reducing alternative investments.)

- \_\_\_\_\_ % Money Market: Stable value earning money-market-fund rates
- \_\_\_\_\_ % Fixed Income: Short-duration, investment-grade, fixed-income investments
- \_\_\_\_\_ % Moderate Income – 25% Equity: Cautious equity mix for 3+ year holding periods
- \_\_\_\_\_ % Balanced Income – 35% Equity: Cautious equity mix for 5+ year holding periods
- \_\_\_\_\_ % Balanced Growth – 50% Equity: Moderate equity mix for 5+ year holding periods
- \_\_\_\_\_ % Growth – 70% Equity: Highest-risk equity mix for long-term holding periods (7+ years)

### 100% TOTAL

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

## 7. SUCCESSOR DONOR INFORMATION

Please list below the individual you would like to name as the successor representative to the Fund. In the event of your death or incapacity, the successor representative will be able to recommend timing of distributions.

\_\_\_\_\_  
Name & Address

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Contact Number(s)

\_\_\_\_\_  
Email Address

## Signatures

I acknowledge that I have read NCF's Terms and Conditions (our Gift and System Use 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 Designated 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 Fund Holder Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Fund Holder Signature (Required)

\_\_\_\_\_  
Date

NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. D/B/A NATIONAL CHRISTIAN FOUNDATION

\_\_\_\_\_  
By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Effective Date