

GIVING FUND APPLICATION

Please complete the following application to establish a Giving Fund (donor-advised fund) with National Christian Foundation (NCF). Please email, fax, or mail the completed application to us. Visit our website at ncfgiving.com/forms to learn how to make gifts into your Giving Fund.

1. NAME AND TYPE

What would you like to name the Fund? The _____ Fund
 For Example: The Smith Family Giving Fund, The John 3:16 Fund, The Main Street Church 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).

WHO IS THE FUND FOR?

Circle One: Individual Family Ministry Church Company

If Fund is being established by a church, ministry, or company, list its legal name here.

2. FUND HOLDER 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

 Home Phone Business/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 Home Ph. Bus. Ph. 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

 Home Phone Business/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 Home Ph. Bus. Ph. Mail Cell

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

3. 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, Title, & 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")

4. 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: _____

5. INVESTMENT INFORMATION

Your Giving Fund may be invested for stability of principal or for growth potential. Funds with balances of \$300,000 or more may be separately managed by your professional advisor. 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.

6. SUCCESSION PLAN INFORMATION

In the event of your death or incapacity, or the termination of your organization, you may wish to provide NCF with a "succession plan" for your Giving Fund. There are four ways to divide the remaining assets in the Fund, and you may select any one of these, or a combination of some or all. *If needed, please attach an addendum for additional successor or charity details and your instructions.*

- A. **Name successor advisors** – Place some or all of the assets from your existing Fund into a new Fund(s) for others (such as your heirs) to distribute to charity. If you do not request a new Fund for a successor, NCF will accept advice from one or all of the successor advisors on your existing Fund.
- B. **Support charities** – Recommend grants directly to your church or favorite ministries.
- C. **Support NCF's Generosity Catalyst Fund** – Recommend a grant to the Generosity Catalyst Fund which makes strategic investments in innovative projects and ministries designed to encourage generosity.
- D. **Create an NCF Legacy FundSM** – Establish an enhanced type of Giving Fund called a Legacy Fund when you have a Fund balance greater than \$1 million. This is a great option if you desire greater accountability of supported ministries or oversight for your successor advisors (Legacy Advisory Committee). *Contact NCF for more information.*

Name successors for your Fund

If minor children are appointed as successor advisors, their advisory privileges will require the consent of their legally appointed guardian until the child reaches the age of 18. Please list the guardian separately as a successor.

Successor A (Primary)

% or \$

Title	First name	Initial	Last name
Address: Include P.O. Box, street, suite, or apt #			
City	State	Zip	
Phone	Email	Relationship to you	Birthdate

Should NCF transfer the requested amount to a new Giving Fund for this successor? Yes No

Successor B (Secondary)

% or \$

Title	First name	Initial	Last name
Address: Include P.O. Box, street, suite, or apt #			
City	State	Zip	
Phone	Email	Relationship to you	Birthdate

Should NCF transfer the requested amount to a new Giving Fund for this successor? Yes No

6. SUCCESSION PLAN INFORMATION (continued)

Support charities

Ministry A % or \$

Name EIN

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

City State Zip

Phone Website

Ministry B % or \$

Name EIN

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

City State Zip

Phone Website

If you need to add additional names or organizations, please use a separate sheet of paper.

Support NCF's Generosity Catalyst Fund

% or \$

Create an NCF Legacy Fund

% or \$

TOTAL: % or \$

Signatures

I acknowledge that I have read NCF's Terms and Conditions (our Gift and System Use Agreement, available at 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 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