

# Giving Fund Succession Plan

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 two 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.

## 1. FUND HOLDER CONTACT INFORMATION

Title	First name	Initial	Last name	Birthdate (Required)
Address: Include P.O. Box, street, suite, or apt #				
City	State	Zip Code	Phone	
Email	Fund Name		Fund Number	

## 2. CREATE YOUR SUCCESSION PLAN

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 (Primary)

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

**Should NCF open a new Giving Fund for this Successor, or will he or she advise on the existing Fund?**

Existing Fund       New Fund      Percentage \_\_\_\_\_      \$ Amount \_\_\_\_\_

## 2. CREATE YOUR SUCCESSION PLAN (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.

TOTAL:  % or  \$

### SIGNATURES

\_\_\_\_\_  
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