

1. NAME AND TYPE

Single-Charity Fund Application

A Single-Charity Fund at the National Christian Foundation (NCF) is used by individuals and charitable organizations to fund a specific charity. To learn more, visit ncfgiving.com/guide and read our Essential Guide to NCF's Giving Solutions. To open a Single-Charity Fund, please complete the following application and email, fax, or mail it to our team at NCF.

What would you like to name the Fund?	The Single-Charity Fur			
Example: The Main Street Church Single-Chunless you request anonymity.	arity Fund, etc	. The Fund name will a	opear on all Fund correspondence,	
2. CHARITY INFORMATION				
Charitable entity to whom assets are to be d	listributed*:			
Charity Name			EIN	
Charity Representative Name				
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 Single-Charity 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.

PHONE 866 580 4483 FAX 866 422 1504 EMAIL info@ncfgiving.com WEB ncfgiving.com

3. FUND HOLDER CONTACT INFORMATION

Primary Fund Holder					Secondary Fund Holder				
 Title	First Name	Initial	Last Name		Title	First Name	Initial	Last Name	
Date of E	Birth				Date of Birth				
Address:	Including P.O. Box,	street address, s	suite or apt #	<u></u>	Address: Including P.O. Box, street address, suite or apt #				
City		State Zip)	City	City State		Zip	
Home Phone Business/Cell Fax		x	Home Ph	Home Phone Business/Cell			:		
Email Ad	dress*				Email Address*				
*This is r	equired and will be	your User ID on c	ur website.		*This is r	required and will be	your User ID on c	our website.	
Preferi	red method of	contact (che	ck one)		Prefer	red method of	contact (che	ck one)	
Email	Home Ph.	Bus. Ph.	Mail	Cell	Email	Home Ph.	Bus. Ph.	Mail	Cell
	not wish for you		ountant	o nave acces Attorney	s, leave this Financial Ad		(Specify)		
Advisor N	Name, Title, & Firm	Name							
Mailing A	ddress		C	ity	State		Z	ip	
Phone			E	mail					
Access	level: 🗌 Full	Advisory	Revie	W					
5. HOW	/ DID YOU HEA	R ABOUT US	?						
Please	tell us how you	heard about N	NCF (pleas	e list specific	names and.	or organization	ns).		
Adv	visor:				☐ Min	istry:			
Board:				Web/Marketing:					
Chu	ırch:				☐ Sta	ff:			
Give	er:								

6. INVESTMENT INFORMATION

more may be separately managed by your professional advi indicate the percentages you desire for each pool, totaling 10 equities, fixed-income, commodities, and risk-reducing alter	00%. (Note: The final five pools are diversified among global
% Money Market: Stable value earning money-mar	ket-fund rates
% Fixed Income: Short-duration, investment-grade	, fixed-income investments
% Moderate Income – 20% Equity: Cautious equity	y mix for 3+ year holding periods
% Balanced Income – 35% Equity: Cautious equity	mix for 5+ year holding periods
% Balanced Growth – 50% Equity: Moderate equit	y mix for 5+ year holding periods
% Growth – 70% Equity: Highest-risk equity mix fo	r long-term holding periods (7+ years)
100% TOTAL Note: Changes to your investment options may	be made only once every 30 days.
SIGNATURES	
ify as a deductible contribution for income tax purposes, the assets, and that earnings and losses on the investments in t	he various pools are typically allocated to the Single-Charity ing the Fund is advisory only and that ultimate decisions and
Primary Fund Holder Signature (Required)	 Date
Additional Fund Holder Signature (Required)	Date
National Christian Charitable Foundation, Inc. D/B/A Natio	nal Christian Foundation
Ву	 Date

Your Giving Fund may be invested for stability of principal or for growth potential. Funds with balances of \$300,000 or