NCF National Christian Foundation®

Designated Fund application

A Designated Fund at the National Christian Foundation (NCF) enables you to designate your qualified charitable distributions (QCDs) from your IRA (charitable rollover gifts) to a specific ministry or charity.

To open a Designated Fund, please complete this application and email, fax, or mail it to our team at NCF. For more details, visit **ncfgiving.com/guide.**

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

Charity that will receive the assets being distributed*:

Charity name | EIN

Charity representative name

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

City | State | Zip

Phone | Email | Web address

*The charity must be pre-approved by NCF, align with NCF's values and charitable purposes, and qualify as a tax-exempt public charity or private operating foundation under Sections 501(c)(3) and 509(a) of the Internal Revenue Code of 1986, as amended, (the "Code"), contributions to which are tax deductible under Sections 170(c) and 170(b)(1)(A) of the Code. If the charity ceases to meet these requirements, or if distribution to the charity becomes unnecessary, impracticable, or inconsistent with the community's charitable needs, NCF will reallocate fund assets to a charity operating in the same or a similar charitable sector.

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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.

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 ☐

Preferred method of contact (check one)

Email ☐ Phone ☐ Mail ☐

Unless NCF receives written instructions specifying otherwise, we will accept recommendations from either fundholder named above. If you wish to authorize additional advisors, please complete the "Authorization to add or remove advisors" form found on **ncfgiving.com/forms.**

4. INVESTMENT INFORMATION

Funds in your Designated Fund may be invested for stability of principal or for growth potential. You may recommend how these funds are allocated among NCF's investment pools by indicating the percentages you want for each pool below, totaling 100%. All investment recommendations are subject to NCF's review and approval. For full descriptions of NCF's investment pools, as well as information about alternative investment options and separately managed accounts, visit **ncfgiving.com/investments.**

_____ % Stable Capital Pool: Stable value, maintains a consistent $1 net asset value (diversified securities)

_____ % Fixed Income Pool: Stable returns (100% fixed income securities)

_____ % Balanced Growth Pool: Moderate growth (~60% global equities & 40% fixed income securities)

_____ % Equity Pool: Aggressive growth (100% global equities)

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

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5. SUCCESSION PLAN INFORMATION

Please list below the person (someone other than the primary fundholder or their spouse*) you would like to name as the successor to the fund. In the event of the primary fundholder's death, the successor will be able to manage all aspects of the fund.

*A spouse who is on the Designated Fund will become the primary fundholder when NCF is notified of the primary fundholder's death.

Successor

Title	First name	Last name	
Email address	Phone	Birthdate	
Street	City	State	Zip

6. HOW DID YOU HEAR ABOUT US?

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

- ☐ Advisor: _____
- ☐ Board: _____
- ☐ Church/Ministry: _____
- ☐ Giver: _____
- ☐ Web/ad: _____
- ☐ Staff: _____

SIGNATURES

I acknowledge that NCF has exclusive ownership and control over assets contributed to the Designated Fund and that any grant or investment recommendation privileges I have are advisory only. I have read and agree to NCF's Program Agreement, available at **ncfgiving.com/agreement.**

Primary fundholder signature (required) _____ Date _____

Additional fundholder signature (required) _____ Date _____

National Christian Charitable Foundation, Inc. DBA National Christian Foundation

By _____ Date _____

Name and title _____

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