NCF National Christian Foundation®

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 to your Giving Fund.

1. NAME AND TYPE

What would you like to name the fund?*

The _____ Fund

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?* (check one) Individual ☐ Family ☐ Ministry ☐ Church ☐ Company ☐

If the fund is being established by a church, charity, or company, list its legal name here.

*This is required

2. 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 (your email address will be your User ID on our website).

Preferred method of contact (check one)

Email ☐ Phone ☐ Mail ☐

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 (your email address will be your User ID on our website).

Preferred method of contact (check one)

Email ☐ Phone ☐ Mail ☐

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

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3. PROFESSIONAL ADVISOR INFORMATION (IF APPLICABLE)

If you work with a professional advisor you'd like to have access to your fund, please fill out the following section. If you don't want your professional advisor to have access, leave this section blank.

Type of advisor (check one) Accountant ☐ Attorney ☐ Financial advisor ☐ Other (specify) ☐

Advisor name, title, and firm name

Mailing address | City | State | Zip

Phone | Email

I authorize my advisor the following access level on my fund:

☐ Full – May manage all aspects of the fund on behalf of the fundholder

☐ Advisory – May recommend grants, change investment allocations, request fund transfers, make gifts, view fund activity, and view or change most fund settings, but can't add or remove users

☐ Reviewer – May be informed of activity but does not have access to act on behalf of the fund

4. HOW DID YOU HEAR ABOUT US?

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

☐ Advisor: _____ ☐ Giver: _____

☐ Board: _____ ☐ Web/ad: _____

☐ Church/Ministry: _____ ☐ Staff: _____

5. INVESTMENT INFORMATION

Your Giving Fund may be invested for stable value or for growth potential. Please select one or more investment pools below and indicate the percentages you desire for each pool, totaling 100%. For full descriptions of NCF's investment pools, as well as information about alternative investments and separately managed account options, 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 once every 30 days.

6. SUCCESSION PLAN INFORMATION

A Succession Plan guides NCF in distributing the balance in your fund after your lifetime. It's an important part of faithfully stewarding all the resources God has entrusted to you.

Each Succession Plan is for a single Giving Fund. If you have multiple funds at NCF, please create a Succession Plan for each one. You can create or update your plan by logging in to your fund, visiting the legacy page, and clicking the start button.

If NCF does not have a documented Succession Plan when you pass away, we will seek to grant 75 percent of the remaining balance to causes you supported during your lifetime and 25 percent of the balance to support NCF's Generosity Catalyst Fund.

If you'd like to explore a custom Succession Plan, please contact your local NCF team.

SIGNATURES

I acknowledge that I have read NCF's terms and conditions (our Program 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, 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, belong to the National Christian Foundation.

Primary fundholder signature (required) _____ Date _____

Additional fundholder signature (required) _____ Date _____

National Christian Charitable Foundation, Inc. D/B/A National Christian Foundation

By _____ Date _____

Name and title _____ Effective date _____