

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

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. FUNDHOLDER CONTACT INFORMATION

Primary	fundholder			Addit	ional fundh	older	
Title	First name	Initial	Last name	Title	First name	Initial	Last name
Date of bir	rth			Date of	birth		
Address: I	ncluding P.O. Bo	x, street address, su	uite or apt #	Addres	s: Including P.C	. Box, street address,	suite or apt #
City		State	Zip	City		State	Zip
Home pho	one Busi	ness/Cell	Fax	Home p	bhone	Business/Cell	Fax
Email addi	ress*			Email a	ddress*		
*This is rea	quired and will be	e your User ID on ou	r website.	*This is	required and w	ill be your User ID on o	our website.
Preferre	ed method of	contact (checl	k one)	Prefe	rred metho	d of contact (che	ck one)
Email 🗌	Phone	Mail 🗌		Email	Pho	ne 🗌 🛛 Mail 🗌]
Unless inst	tructed (by separ	ate attachment), No	CF will accept recommend	ations equally fi	rom either of th	e fundholders named	above. If you

PHONE 262.796.9910 FAX 262.796.9970 EMAIL wisconsin@ncfgiving.com WEB ncfgiving.com/wisconsin

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 (check one)	Accountant 🗌	Attorney 🗌	Financial Advisor 🗌	Other (specify)
Advisor name, title, and firm name				
Mailing address	City		State	Zip
Phone	Emai			

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

	Full – Ma	y manage al	I aspects	of the func	l on behalf	of the	fundholder.
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Advisory – May recommend grants, change investment allocations, request fund transfers, make gifts, view fund activity, and view or change most fund settings. Can't add/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:	Board:
Church/ministry:	Giver:
Web/marketing:	Staff:

5. INVESTMENT INFORMATION

Your Giving Fund may be invested for stability of principal 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 separately managed investment options, visit ncfgiving.com/investments.

- _____ % Cash Reserve: Seeks preservation of capital by maintaining a stable \$1 net asset value
- _____ % Faith-Driven Fixed Income: Short-duration, investment-grade, fixed-income investments
- _____ % Faith-Driven Conservative: 30% global equity
- _____ % Faith-Driven Balanced: 50% global equity
- _____ % Faith-Driven Domestic Equity: 100% domestic equities
- _____ % Faith-Driven Global Equity: 100% global equity
- _____ % Fixed Income: Short-duration, investment-grade, fixed-income investments
- _____ % Moderate Income: 20% equity
- _____ % Balanced Income: 35% equity
- _____ % Balanced Growth: 50% equity
- _____ % Growth: 70% equity

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

6. SUCCESSION PLAN INFORMATION

A succession plan guides NCF in distributing the balance in your fund after your lifetime, and 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 fund. 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 make an effort to grant 75 percent of the remaining balance to causes you supported during your lifetime and 25 percent of the balance to support the ministry of NCF.

If you would like to discuss a customized plan, please contact your NCF team. Additional costs may apply. NCF reviews and approves requests for custom succession plans on a case-by-case basis.

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 fundholder signature (required)	Date
Additional fundholder signature (required)	Date
National Christian Charitable Foundation, Inc. D	9/B/A National Christian Foundation
National Christian Charitable Foundation, Inc. D	D/B/A National Christian Foundation