

NCF LEGACY FUND APPLICATION

Please complete the following application to establish an NCF Legacy Fund (donor advised fund) with National Christian Foundation (NCF). For complete policies and Fund information, read our Program Guidelines on the Forms page of our website. If you need help, please contact our team today.

LEGACY FUND INFORMATION

What would you like to name the Fund? _____

For 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).

FUND TYPE:

Circle One: Individual Family Ministry Church Company

If Fund is being established by a church, ministry, or company, list its name here. _____

LEGACY FUND ADVISOR CONTACT INFORMATION

Advisor

Mr./Mrs. First Name Initial Last Name Suffix

Date of Birth Social Security # / Tax ID #

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

City State Zip

Home Ph. Business/Cell Fax

Email Address*

Preferred Method of Contact (Circle One)

Email Home Ph. Bus. Ph. Mail Cell

Advisor

Mr./Mrs. First Name Initial Last Name Suffix

Relationship to Advisor

Date of Birth Social Security # / Tax ID #

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

City State Zip

Home Ph. Business/Cell Email

Preferred Method of Contact (Circle One)

Email Home Ph. Bus. Ph. Mail Cell

Unless instructed (by separate attachment), NCF will accept recommendations from either of the individuals named above.

LEGACY ADVISORY COMMITTEE

The "Legacy Advisory Committee" (Committee) is made up of individual(s) that will serve as the advisors to your Legacy Fund. This Committee may be comprised of family, friends, professional advisors, and/or your NCF representative. One member should be chosen as the Committee Chairperson. While only the Chairperson can recommend grants, all committee members can view the Fund information online. Please list below the individual(s) you would like to name as member(s) of your Committee: *Please attach an additional sheet if you would like more than two members on your Committee.*

Committee Chairperson

Mr./Mrs. First Name Initial Last Name Suffix

Relationship

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

City State Zip

Home Ph. Business/Cell Email

Secondary

Mr./Mrs. First Name Initial Last Name Suffix

Relationship

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

City State Zip

Home Ph. Business/Cell Email

When should NCF notify the Committee of its role?

- As soon as the Legacy Fund set up is complete
 At death

How should successor Committee members be chosen?

- At discretion of remaining Committee members
 At discretion of NCF or one of its affiliates
 No successors should be chosen (remaining committee to act, and if no active members, NCF acts solely on the Funds behalf)
 Based upon pre-defined parameters as set forth below (i.e. must sign statement of faith, must be a member of the family, must meet certain other criteria, etc.) Please attach an additional sheet, if necessary.

PROFESSIONAL ADVISOR INFORMATION (IF APPLICABLE)

Please fill out the following section (*attach an additional sheet if you have more than one advisor*).

Type of Advisor: (Circle One) Accountant Attorney Financial Planner Investment Manager Other (Specify)

Professional Advisor Name & Firm Name

Mailing Address City State Zip

Phone Email

I authorize my professional advisor to have viewing access to this fund. Yes No

If you would like your professional advisor to participate in this Fund, please add your advisor to the Legacy Advisory Committee.

CONTRIBUTION INFORMATION

Please refer to NCF's Program Guidelines for information on the types of gifts NCF can accept.

Please check the type of contribution you will be making:

- Transfer from NCF Giving Fund in the amount of (\$ or %) _____
Fund Name _____
Fund ID _____
- Check(s) in the amount of \$ _____
Check(s) should be made payable to "National Christian Foundation" ***Insert Fund Name in Note on Check***
- Wire in the amount of \$ _____
Please contact NCF for wiring instructions
- Assets to be gifted at a later time via testamentary gifting
Please contact NCF for more information
- A complex gift (as defined in Program Guidelines)
Please contact NCF to obtain further information before gifting
- Publicly traded securities or mutual fund shares
Name of stock or mutual fund: _____
Number of shares: _____
To initiate transfer, visit website "Forms" section under Make a Gift or contact NCF for instructions.

When will your NCF Legacy Fund be funded? (Check all that apply):

- During lifetime – when? _____
- At death

INVESTMENT INFORMATION

Your Legacy Fund balance may be invested, providing opportunity for growth. Please select one investment pool. You can select up to two pools if your Fund balance will be \$100,000 or greater. Percentages must total 100%.

- ____% Money Market: Lower risk, Money Market Fund Rates
- ____% Bond: Income Producing
- ____% Conservative: 40% Equities, 60% Bond Funds
- ____% Balanced: 50% Equities, 50% Long-Term and Short-Term Bonds & Money Market Funds
- ____% Growth: 60% U.S. Equities, 20% International Equities, 20% Intermediate Bonds & Money Market Funds

**Please note: The above investment choices will only be relevant during your lifetime. If fund goes beyond your death, NCF may make different investment decisions consistent with your Legacy Fund as established in this application.*

CHARITABLE GOALS

The information below will be used to create the parameters by which your Legacy Fund will be governed. Please complete all sections that apply. Please leave blank all sections that do not apply. Please provide contact information for each organization listed, including contact name, address, phone, fax, email and web address. This will allow us to ensure we distribute to the organization you intended.

How long would you like your giving goals carried out? (Check one)

- In perpetuity, or
- Period of time – how long? _____

Should the funds be distributed to a limited number of organizations? Yes No

If so, please provide the organizations to distribute on the next page (Attach an additional sheet, if needed.)

Organization (Name & Address)	Amount or %	Period of Time

Should the funds be distributed to a limited number of "Fields of Interest"?

Field of Interest	Amount or %	% Christian	% Secular	Period of Time
Arts, Media, & Culture				
Children & Youth Services				
Christian Discipleship				
Education				
Environment & Animal Welfare				
Evangelism				
Family Support				
Human Services				
Medical & Health				
Place of Worship				
Poverty & Disaster Relief				
Social, Civic, & Public Policy				
Urban Issues				
Other – Please Specify				
No Field of Interest				
TOTAL				

Should the funds be distributed amongst a limited number of geographic regions?

Geographic Region	Region	Amount or %	% Christian	% Secular	Period of Time
Local					
National					
International					
Other					
Not lmtd geographically					
TOTAL					

Do you want to limit the number of distributions made each year?

Yes – how many? _____

No

Do you want to limit the amount distributed each year? (amount or % of income / principal)

Yes – how limited? _____

No

Should distributions be made from income or principal?

_____ % Income/Growth

_____ % Principal

_____ Other, please explain: _____

Please explain the distribution process for certain other gifts that do not fit into questions listed above. Please include the charity name, address, contact information, the amount to be given and the *frequency, duration, timing and oversight* expected for the recommended gifts. (Attach an additional sheet, if needed)

GENEROSITY CATALYST FUND INFORMATION

NCF operates a creative tool called the Generosity Catalyst Fund that we use to support ministries and projects involved in furthering the generosity message. When you set aside a portion of your Legacy Fund for the Generosity Catalyst Fund, you'll be leveraging your giving to support the most cutting-edge projects and resources, including best-selling books, powerful videos, and worldwide generosity efforts. Learn more at nationalchristian.com/catalyst.

Please indicate the level of support you would like to provide to the Generosity Catalyst Fund. For more information, contact us.

I select the following amount to be distributed each June 1st from my Fund for the Generosity Catalyst Fund:

(Circle Your Choice or indicate % in the blank)

1.00 % .75 % .50 % .25% 0 % _____%

(Example: if your Fund's balance on June 1st is \$50,000, selecting .25% would distribute \$125 to the Generosity Catalyst Fund.)

HOW DID YOU HEAR ABOUT US?

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

Donor Referral: _____

Ministry/church leader: _____

Financial professional: _____

Legal professional: _____

NCF website/search engine: _____

Web/Marketing: _____

Event (e.g. Young Life, Generous Giving, The Gathering, etc.): _____

Other: _____

NEXT STEPS

A. Complete the Legacy Fund Application.

B. Send the documents to NCF at the following address:

National Christian Foundation
C/O NCF Legacy Fund
11625 Rainwater Drive, Suite 500
Alpharetta, GA 30009

Or, you may give them to your primary contact at NCF.

C. NCF will prepare a "Legacy Letter of Advisement" (LOA) that both you and NCF sign and that establishes the Legacy Fund based upon your desires as outlined above.

D. Upon activation of your Legacy Fund, as defined by your LOA, NCF will proactively carry out your written instructions to ensure that your giving continues in a manner consistent with your desires.

Signatures

I acknowledge that I have read National Christian Foundation Program Guidelines and agree to the terms and/or conditions described therein. I understand that in order for my gifts 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 Legacy 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 National Christian Foundation.

Donor Advisor Signature (Required)

Date

Additional Donor Advisor Signature (Required)

Date

NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. D/B/A NATIONAL CHRISTIAN FOUNDATION

By

Date

Name & Title

Effective Date