

3 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 apartment #

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 apartment #

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. _____
- _____
- _____

4 PROFESSIONAL ADVISOR INFORMATION (IF APPLICABLE)

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

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

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 Legacy Fund, please add your professional advisor to the Legacy Advisory Committee.

5 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

- | | |
|--|--|
| <input type="checkbox"/> Transfer from NCF Giving Fund in the amount of (\$ or %) _____
Fund Name _____
Fund ID _____ | <input type="checkbox"/> A complex gift (as defined in Program Guidelines)
Please contact NCF to obtain further information before gifting |
| <input type="checkbox"/> Check(s) in the amount of \$ _____
Check(s) should be made payable to "The National Christian Foundation" ***Insert Fund Name in Note on Check*** | <input type="checkbox"/> Publicly traded securities or mutual fund shares
Name of stock or mutual fund: _____

number of shares: _____
To initiate transfer, visit the "Forms & Reports" section of our website or contact NCF for instructions. |
| <input type="checkbox"/> Wire in the amount of \$ _____
Please contact NCF for wiring instructions | |
| <input type="checkbox"/> Assets to be gifted at a later time via testamentary gifting
Please contact NCF for more information | |

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

- During lifetime – when? _____
- At death

6 INVESTMENT INFORMATION

Your Legacy Fund balance may be invested (dependent upon the size of your Fund), 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.*

7 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)

8 AREA OF INTEREST (FUND INFORMATION)

Since 1999, NCF has operated its Area of Interest Program (AOI) to encourage and support ministries outside of our normal, donor advised fund environment. Since that time, we have granted hundreds of thousands of dollars to ministries in 8 categories: Discipleship, Education, Evangelism, Family, International, Poor & Needy, Urban, and Youth. Each of these eight funds is supported by grants from donors like you and led by an AOI Committee comprised of some of the best and brightest ministry leaders in their areas of interest. Please indicate the level of support you would like to provide to the AOI Initiative. **If you do not indicate otherwise below, NCF makes a grant (automatically distributed each June 1st from your Fund) of one-fourth of one-percent (.25) annually, which is equally allocated among all AOI Funds.** For more information on AOI funds contact NCF.

I select the following amount to be distributed each June 1st from my Fund for the Area of Interest Funds:
(Circle Your Choice or indicate % in the blank)

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

(Example: if your Fund's balance on June 1st is \$1,000,000, selecting .25% would distribute \$2,500 to the AOI funds.)

9 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: _____

10 NEXT STEPS

- A. Complete the Legacy Fund Application.
- B. Send the documents to NCF at the following address:
- The National Christian Foundation
C/O NCF Legacy Fund
11625 Rainwater Drive, Suite 500
Alpharetta, GA 30004
- Or, you may give them to your primary contact at NCF or one of its affiliates.
- 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 The 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, 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 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 The National Christian Foundation.

Donor Advisor Signature (Required)

Date

Additional Donor Advisor Signature

Date

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

By

Date

Name & Title

Effective Date