

# 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.

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## 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				
<b>TOTAL</b>				

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					
<b>TOTAL</b>					

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)

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**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](http://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