

1. NAME AND TYPE

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.

What would you like to name the fund?	The			Fund		
EXAMPLE: The Smith Family Giving Fund, The your name will appear on all fund corresponde from the fund (unless you request anonymity)	ence, as well as all corre					
Who is the fund for? (circle one) Individ	lual 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		Additional fundholder				
Title First name Initial La	ast name Title	First name	Initial	Last name		
Date of birth	Date	of birth				
Address: Including P.O. Box, street address, suite or apt #		Address: Including P.O. Box, street address, suite or apt #				
City State Zi	p City		State	Zip		
Home phone Business/Cell Fa	Home	e phone Busin	ess/Cell	Fax		
Email address*		Email address*				
*This is required and will be your User ID on our website.		*This is required and will be your User ID on our website.				
Preferred method of contact (check one)		Preferred method of contact (check one)				
Email Phone Mail		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.

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 \square 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. 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). Board: Advisor: 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

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

_ % Growth: 70% equity

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/B/A Natio	nal Christian Foundation
Ву	Date
Name and title	Effective date