National Christian FOUNDATION®

NCF Legacy Fund® Application

A Legacy Fund at the National Christian Foundation (NCF) is an enhanced Giving Fund in which a recommended giving plan is established for implementation during life or after death.

To open a Legacy Fund, please complete the following application and email, fax, or mail it to our team at NCF. Visit ncfgiving.com/forms for additional instructions and specifications in the Essential Guide to NCF's Giving Solutions.

1. NAME OF FUND

What would you like to name the Fund? The _____ Legacy Fund

For Example: The Smith Family Legacy Fund, etc. The Fund name will appear on all Fund correspondence.

Fund Type (Circle One) Individual Family

_____

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

2. NCF LEGACY FUND HOLDER CONTACT INFORMATION

Primary Fund Holder

Title First Name Initial Last Name

Date of Birth

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

City State Zip

Home Phone Business/Cell Fax

Email Address*

*This is required and will be your User ID on our website.

Preferred Method of Contact (Circle One)

Email Home Ph. Bus. Ph. Mail Cell

Additional Fund Holder

Title First Name Initial Last Name

Date of Birth

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

City State Zip

Home Phone Business/Cell Fax

Email Address*

*This is required and will be your User ID on our website.

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.

* This is required and will be your User ID on our website.

3. PROFESSIONAL ADVISOR INFORMATION (IF APPLICABLE)

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

Title First Name Initial Last Name

Relationship to fund holder(s)

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

City State Zip

Home Phone Business/Cell Email

Additional Committee Member

Title First Name Initial Last Name

Relationship to fund holder(s)

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

City State Zip

Home Phone 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 Fund's behalf)
- ☐ Based upon pre-defined parameters set forth below (e.g. 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 advisor: (Circle One) Accountant Attorney Financial Advisor 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.

5. CHARITABLE GOALS

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

☐ During lifetime – when? _____ ☐ At death

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(s) 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 (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				
TOTAL				

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

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)

_____

_____

_____

_____

6. HOW DID YOU HEAR ABOUT US?

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

- ☐ Advisor: _____
- ☐ Board: _____
- ☐ Church: _____
- ☐ Giver: _____
- ☐ Ministry: _____
- ☐ Web/Marketing: _____
- ☐ Staff: _____

7. 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 or one of its affiliates.

C. NCF will prepare a "Legacy Letter of Advisement" (LOA) that both you and NCF sign.

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 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 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.

_____ _____
Primary Fund Holder Signature (Required) Date

_____ _____
Additional Fund Holder Signature (Required) Date

National Christian Charitable Foundation, Inc. D/B/A National Christian Foundation

_____ _____
By Date

_____ _____
Name & Title Effective Date