

HCF GIVING FUND APPLICATION

Please complete the following application to establish a Giving Fund (donor advised fund) with Hoosier Christian Foundation (HCF). For complete policies and Fund information, read HCF's Program Guidelines. If you need assistance, contact HCF at 317.570.5850.

1 GIVING 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 for a church, ministry, or company, list its name here (if applicable).

2 GIVING FUND ADVISOR CONTACT INFORMATION

PRIMARY ADVISOR

Title First Name Initial Last Name Suffix

Date of Birth Social Security # / Tax ID #

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

City State Zip

Home Ph. Business/Cell Fax

Email Address*

**This is required and will be your User ID on the Donor Website.
E-Notifications will be sent here when quarterly statements are available.*

Preferred Method of Contact (Circle One)

Email Home Ph. Bus. Ph. Mail Cell

ADDITIONAL PRIMARY ADVISOR

Title First Name Initial Last Name Suffix

Date of Birth Social Security # / Tax ID #

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

City State Zip

Home Ph. Business/Cell Fax

Email Address

Preferred Method of Contact (Circle One)

Email Home Ph. Bus. Ph. Mail Cell

Unless instructed (by separate attachment), HCF will accept recommendations from either of the individuals named above. To add additional advisors, please provide the above information for each advisor on a separate sheet. 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 (*attach an additional sheet if you have more than one professional advisor*). If you do not wish for your professional advisor to have access, leave this section blank.

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 advisor to recommend grants from the Fund: Yes No (*if no box is checked, we will assume "No"*)

4 CONTRIBUTION INFORMATION

The suggested initial contribution to establish a Giving Fund is \$10,000. Please refer to HCF's Program Guidelines for information on the types of gifts HCF can accept.

Please check the type of contribution you will be making:

Check(s) in the amount of \$ _____
Check(s) should be made payable to "Hoosier Christian Foundation" ***Insert Fund Name in Memo on Check***

Wire in the amount of \$ _____
Please contact HCF for wiring instructions.

Assets to be gifted at a later time via testamentary gifting
Please contact HCF for more information or download "Testamentary Gift Information" from our website.

A nonliquid gift (as defined in Program Guidelines)
Please contact HCF for more information or download "Asset Transfer Instructions" from our website.

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 HCF for instructions.

5 INVESTMENT INFORMATION

Anticipated Fund Balance (*Select One*): Less than \$100,000 Greater than \$100,000

Your Giving Fund balance may be invested, dependent upon the size of your Fund, providing opportunity for financial growth. Please note that if a Fund's balance is under \$50,000, it will be a "Stable Value Fund" with no monthly administrative costs, gains, or losses posted. If at any time the Fund's balance goes over \$50,000, the balance will automatically be invested according to the pool you select below, and standard administrative costs will apply. If the balance again drops below \$50,000, the Fund will once again be a "Stable Value Fund." **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

6 SUCCESSOR ADVISOR INFORMATION

In the event of your death or incapacity, or the termination of your organization, you may wish to provide HCF with a “succession plan” for the Giving Fund you have established. There are four ways to divide the remaining assets in the Fund, and you may select any one of these, or a combination of some or all. Combinations must total 100% in the far right column. If you do not list percentages for your successors below, HCF will accept advice from one or all of the successor advisors on your current Fund.

- A. **Name successor Advisors** - You may wish to place some or all of the assets from your existing Fund into a new Fund(s)
- B. **Distribute to ministry work** - You may wish to recommend grants to your church or favorite ministries, granting out some or all of the assets in your Fund. This may also be granted over a period of time. *Please attach specific instructions, if this is your recommendation.*
- C. **Distribute to HCF's ministry** - You may wish to recommend a grant to support the ministry of HCF as we seek to further the Gospel of Jesus Christ by educating, encouraging and equipping faithful stewards to give wisely.
- D. **Create a Legacy Fund** - You may wish to establish a Legacy Fund. If you desire greater accountability on the ministries chosen for funding or oversight for your successor advisors (Legacy Advisory Committee), a Legacy Fund may be for you. A Legacy Fund is an enhanced type of Giving Fund in which HCF assumes greater responsibility to ensure that your giving intent and granting desires are carried out faithfully after you are gone. Visit “HCF Legacy Fund” on our website or call HCF for more information.

NAME SUCCESSORS FOR YOUR FUND

(A new Giving Fund will be created for each. If no percentages are entered, HCF will accept advice from one or all of the successor advisors.)

	<input style="width: 50px; height: 20px;" type="text"/> %
Successor Advisor A - Name, Address, City, State, Zip, Phone	
	<input style="width: 50px; height: 20px;" type="text"/> %
Successor Advisor B - Name, Address, City, State, Zip, Phone	

DISTRIBUTE PERCENTAGE TO MINISTRY WORK

	<input style="width: 50px; height: 20px;" type="text"/> %
Organization Name, Address, City, State, Zip, Phone	
	<input style="width: 50px; height: 20px;" type="text"/> %
Organization Name, Address, City, State, Zip, Phone	

DISTRIBUTE PERCENTAGE TO THE MINISTRY OF HCF

CREATE A LEGACY FUND

If you enter a percentage in the column on the right, an HCF staff member will contact you to explore this option.

	<input style="width: 50px; height: 20px;" type="text"/> %
	<input style="width: 50px; height: 20px;" type="text"/> %

Must total 100% **TOTAL:** %

If you need to add additional names or organizations, please use a separate sheet of paper.

7 HOW DID YOU HEAR ABOUT US?

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

- C Donor Referral: _____
- C Ministry/church leader: _____
- C Financial professional: _____
- C Legal professional: _____
- C HCF website/search engine: _____
- C Web/Marketing: _____
- C Event (e.g. Young Life, Generous Giving, The Gathering, etc.): _____
- C Other: _____

SIGNATURES

I acknowledge that I have read Hoosier Christian Foundation Program Guidelines 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 FoundationSM will fully own all contributed assets, and that earnings and losses on the investments in the various pools are typically allocated to the Giving FundsSM. 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 FoundationSM.

Primary Advisor Signature (Required)

Date

Additional Primary Advisor Signature (Required)

Date

Hoosier Christian Foundation

By

Name & Title

Effective Date

National Christian Charitable Foundation, Inc. d/b/a The National Christian FoundationSM

By

Name & Title

Effective Date

For Internal Purposes ONLY Fund #: _____ Relationship Manager: _____ Source code: _____

Entry date: _____ Initials: _____ Salesforce: Y / N