

NHCCF GIVING FUND APPLICATION

Please complete the following application to establish a Giving Fund (donor advised fund) with New Hope Christian Community Foundation (NHCCF). For complete policies and Fund information, read NHCCF's Program Guidelines. If you need assistance, contact NHCCF at 419.873.4673.

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*				
<i>*This is required and will be your User ID on the Donor Website.</i>				
<i>E-Notifications will be sent here when quarterly statements are available.</i>				
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), NHCCF 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 NHCCF's Program Guidelines for information on the types of gifts NHCCF 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 "New Hope Christian Community Foundation" ***Insert Fund Name in Memo on Check***

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

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

A nonliquid gift (as defined in Program Guidelines)
Please contact NHCCF 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 NHCCF 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 NHCCF 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, NHCCF 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 NHCCF's ministry** - You may wish to recommend a grant to support the ministry of NHCCF 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 NHCCF assumes greater responsibility to ensure that your giving intent and granting desires are carried out faithfully after you are gone. Visit “NHCCF Legacy Fund” on our website or call NHCCF for more information.

NAME SUCCESSORS FOR YOUR FUND

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

_____	<input type="text"/> %
Successor Advisor A - Name, Address, City, State, Zip, Phone	
_____	<input type="text"/> %
Successor Advisor B - Name, Address, City, State, Zip, Phone	

DISTRIBUTE PERCENTAGE TO MINISTRY WORK

_____	<input type="text"/> %
Organization Name, Address, City, State, Zip, Phone	
_____	<input type="text"/> %
Organization Name, Address, City, State, Zip, Phone	

DISTRIBUTE PERCENTAGE TO THE MINISTRY OF NHCCF

CREATE A LEGACY FUND

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

	<input type="text"/> %
	<input type="text"/> %
MUST TOTAL 100% TOTAL:	<input type="text"/> %

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

