

NHCCF LEGACY FUNDSM APPLICATION

Please complete the following application to establish an NHCCF Legacy FundSM (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 LEGACY FUND INFORMATION

What would you like to name the Fund? _____

For Example: The Smith Family Legacy Fund, The John 3:16 Legacy Fund, The Main Street Church Fund, etc. The Fund name and the primary contact name will appear on our correspondence with you, as well as in the 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 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 apartment #

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 other Advisor

Date of Birth Social Security # / Tax ID #

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

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), NHCCF will accept recommendations from either of the individuals named above.

5 CONTRIBUTION INFORMATION

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:

- Transfer from NHCCF Giving Fund in the amount of (\$ or %) _____**
Fund Name _____
Fund ID _____
- 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 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 the "Forms & Reports" section of our website or contact NHCCF for instructions.

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

- During lifetime – when? _____
- At death

6 INVESTMENT INFORMATION

Your Legacy Fund balance may be invested (dependent upon the size of your Fund), 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, NHCCF may make different investment decisions consistent with your Legacy Fund as established in this application.*

7 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				
TOTAL				

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					
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)

8 HOW DID YOU HEAR ABOUT US?

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

C Donor Referral: _____

C Ministry/church leader: _____

C Financial professional: _____

C Legal professional: _____

C NHCCF website/search engine: _____

C Web/Marketing: _____

C Event (e.g. Young Life, Generous Giving, The Gathering, etc.): _____

C Other: _____

9 NEXT STEPS

- A. Complete the Legacy Fund Application.
- B. Send the documents to NHCCF at the following address:

New Hope Christian Community Foundation
 C/O NHCCF Legacy Fund
 1500 N. Superior Street, ste. 001
 Toledo, OH, 43604

Or, you may give them to your primary contact at NHCCF.

- C. NHCCF 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, NHCCF and NCF will proactively carry out your written instructions to ensure that your giving continues in a manner consistent with your desires.

I acknowledge that I have read New Hope Christian Community 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 (NCF) 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 Signature (Required) _____
Date

 Secondary Signature (Required If Secondary Donor) _____
Date

NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. D/B/A THE NATIONAL CHRISTIAN FOUNDATIONSM

 By _____
Date

 Name & Title _____
Effective Date