

# Cornerstone Fund Application

Please complete the following application to establish a Cornerstone Fund (donor-advised fund) with National Christian Foundation (NCF). Please return signed application (via email, fax, or mail) to:

Shelley Moreau

11625 Rainwater Drive, Ste. 500  
Alpharetta, GA 30009

email: smoreau@ncfgiving.com  
fax: 866-422-1504

## 1. NAME AND TYPE

**What would you like to name the Fund?**

The \_\_\_\_\_ Fund

EXAMPLE: The Smith Family Cornerstone Fund, The John 3:16 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. Please do not include the words "Foundation," "Trust," or "Endowment" in your Fund name.

**Who Is The Fund For? (Circle One)**

Individual

Family

Other (e.g. LLC, estate, trust)

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

## 2. 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.

Electronic  Paper

If no selection is made, default is set to electronic correspondence.

### 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.

Electronic  Paper

If no selection is made, default is set to electronic correspondence.

### 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: (Circle One)**   Financial Advisor   Company Representative   Family Office Representative

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Advisor Name, Title, & Firm Name

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Mailing Address

City

State

Zip

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Phone

Email

•NCF will accept recommendations and communicate with the Fund Holder(s) and/or Advisors named above based on access level designated. Please note any authorized persons, not on the fund, but to whom NCF is authorized to communicate with on your behalf, along with their contact information (email/phone), here or on separate sheet if needed.

#### I authorize my advisor to access my Fund:

- Full Access – Complete rights to manage Fund on behalf of Fund Holder  
 Advisor – Limited access; can recommend grants, change investment allocation, and request Fund transfers  
 Reviewer – Does not have access to act on behalf of Fund Holder; may be informed of giving activity

(if no box is checked, we will assume “No Access”)

### 4. INVESTMENT INFORMATION

Your Cornerstone 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%. (Note: The final five pools are diversified among global equities, fixed-income, commodities, and risk-reducing alternative investments.)

\_\_\_\_\_ Separately Managed Fund (check if yes)

#### Please select one or more investment pools (if not selected, default will be Money Market)

\_\_\_\_\_ % Money Market: Stable value earning money-market-fund rates

\_\_\_\_\_ % Fixed Income: Short-duration, investment-grade, fixed-income investments

\_\_\_\_\_ % Moderate Income – 25% Equity: Cautious equity mix for 3+ year holding periods

\_\_\_\_\_ % Balanced Income – 35% Equity: Cautious equity mix for 5+ year holding periods

\_\_\_\_\_ % Balanced Growth – 50% Equity: Moderate equity mix for 5+ year holding periods

\_\_\_\_\_ % Growth – 70% Equity: Highest-risk equity mix for long-term holding periods (7+ years)

#### 100% TOTAL

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

## 5. SUCCESSION PLAN INFORMATION

In the event of your death or incapacity, or the termination of your organization, you may wish to provide NCF with a "succession plan" for your Giving Fund. There are two ways to divide the remaining assets in the Fund, and you may select any one of these, or a combination of some or all. If needed, please attach an addendum for additional successor or charity details and your instructions.

- A. Name successor advisors – Place some or all of the assets from your existing Fund into a new Fund(s) for others (such as your heirs) to distribute to charity. If you do not request a new Fund for a successor, NCF will accept advice from one or all of the successor advisors on your existing Fund.
- B. Support charities – Recommend grants directly to your church or favorite ministries.

### Name successors for your Fund

If minor children are appointed as successor advisors, their advisory privileges will require the consent of their legally appointed guardian until the child reaches the age of 18. Please list the guardian separately as a successor.

#### Successor A (Primary)

Title	First name	Initial	Last name	Birthdate (Required)
Address: Include P.O. Box, street, suite, or apt #				
City		State	Zip	
Phone	Email		Relationship to you	

#### Should NCF open a new Giving Fund for this Successor, or will he or she advise on the existing Fund?

Existing Fund |  New Fund    Percentage \_\_\_\_\_ \$ Amount \_\_\_\_\_

#### Support Charities

Ministry A     % or  \$

Ministry B     % or  \$

Name	EIN
Address: Include P.O. Box, street, suite, or apt #	
City	State    Zip
Phone	Website

Name	EIN
Address: Include P.O. Box, street, suite, or apt #	
City	State    Zip
Phone	Website

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

TOTAL:  % or  \$

## SIGNATURES

I acknowledge that I have read NCF's Terms and Conditions (our Gift and System Use Agreement, available at [ncfgiving.com/agreement](http://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 Cornerstone 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