

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:

Imani Bendu
11625 Rainwater Drive, Suite 500
Alpharetta, GA 30009
ibendu@ncfgiving.com
866.422.1504 (fax)

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? (check one) Individual Family Other (e.g., LLC, estate, trust)

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

2. FUNDHOLDER CONTACT INFORMATION

Primary fundholder

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 fundholder

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: (check one) Financial advisor Company representative Family office representative

Advisor name, title, and firm name			
Mailing address		City	State
			Zip
Phone		Email	

•NCF will accept recommendations and communicate with the fundholder(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 fundholder
- ☐ Advisor – Limited access; can recommend grants, change investment allocation, and request fund transfers
- ☐ Reviewer – Does not have access to act on behalf of fundholder; 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 from the investment pools below and indicate the percentages you desire for each pool, totaling 100%. For full descriptions of NCF's investment pools, as well as information about separately managed investment options, visit ncfgiving.com/investments.

- _____ % Cash Reserve: Seeks preservation of capital by maintaining a stable \$1 net asset value
- _____ % Faith-Driven Fixed Income: Short-duration, investment-grade, fixed-income investments
- _____ % Faith-Driven Conservative: 30% global equity
- _____ % Faith-Driven Balanced: 50% global equity
- _____ % Faith-Driven Domestic Equity: 100% domestic equities
- _____ % Faith-Driven Global Equity: 100% global equity
- _____ % Fixed Income: Short-duration, investment-grade, fixed-income investments
- _____ % Moderate Income: 20% equity
- _____ % Balanced Income: 35% equity
- _____ % Balanced Growth: 50% equity
- _____ % Growth: 70% equity

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 a minor child is appointed as successor advisor, 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) 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 fundholder signature (required)

Date

Additional fundholder signature (required)

Date

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

By

Date

Name and title

Effective date