



## CFT GIVING FUND APPLICATION

Please complete the following application to establish a Giving Fund (donor advised fund) with The Christian Foundation of the Triangle (CFT). For complete policies and Fund information, read CFT's Program Guidelines. If you need assistance, contact CFT at 919.743.2555.

### 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), CFT 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 CFT's Program Guidelines for information on the types of gifts CFT 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 "The Christian Foundation of the Triangle" \*\*\*Insert Fund Name in Memo on Check\*\*\*

**Wire in the amount of \$** \_\_\_\_\_  
Please contact CFT for wiring instructions.

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

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

### NAME SUCCESSORS FOR YOUR FUND

*(A new Giving Fund will be created for each. If no percentages are entered, CFT 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 CFT

### CREATE A LEGACY FUND

*If you enter a percentage in the column on the right, an CFT 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 CFT (please list specific names and/or organizations).

- C Donor Referral: \_\_\_\_\_
- C Ministry/church leader: \_\_\_\_\_
- C Financial professional: \_\_\_\_\_
- C Legal professional: \_\_\_\_\_
- C CFT 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 The Christian Foundation of the Triangle 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 Foundation<sup>SM</sup> will fully own all contributed assets, and that earnings and losses on the investments in the various pools are typically allocated to the Giving Funds<sup>SM</sup>. 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<sup>SM</sup>.

\_\_\_\_\_  
Primary Advisor Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Primary Advisor Signature (Required)

\_\_\_\_\_  
Date

The Christian Foundation of the Triangle

\_\_\_\_\_  
By

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Effective Date

National Christian Charitable Foundation, Inc. d/b/a The National Christian Foundation<sup>SM</sup>

\_\_\_\_\_  
By

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Effective Date

**For Internal Purposes ONLY** Fund #: \_\_\_\_\_ Relationship Manager: \_\_\_\_\_ Source code: \_\_\_\_\_

Entry date: \_\_\_\_\_ Initials: \_\_\_\_\_ Salesforce: Y / N