CREATE YOUR CHARITABLE FUND
### A GIVING SOLUTION TAILORED TO YOUR NEEDS

At InFaith Community Foundation, we’re committed to helping you act on your faith and values by providing flexible and effective charitable solutions. To create your customized donor advised fund and achieve your charitable goals, follow these simple steps. For additional information please review About Your Charitable Fund.

### STEP 1 ABOUT YOU

**FIRST DONOR**

<table>
<thead>
<tr>
<th>Full name</th>
<th>Mr.</th>
<th>Ms.</th>
<th>Mrs.</th>
<th>Miss</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of birth ________________________________

First donor's primary address

Street _______________________________________

City/State/Zip _______________________________________

Home phone _______________________________________

Cell phone _______________________________________

Business phone _______________________________________

Email address _______________________________________

Preferred method of communication (select one)

- Home phone
- Cell phone
- Business phone
- Email

Faith affiliation optional

Denomination/faith group ______________________________

---

**ADDITIONAL DONOR** if applicable

<table>
<thead>
<tr>
<th>Full name</th>
<th>Mr.</th>
<th>Ms.</th>
<th>Mrs.</th>
<th>Miss</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Relationship to first donor spouse, child, friend, etc.

Date of birth ________________________________

Additional donor's primary address *if different from first donor*

Street _______________________________________

City/State/Zip _______________________________________

Home phone _______________________________________

Cell phone _______________________________________

Business phone _______________________________________

Email address _______________________________________

Preferred method of communication (select one)

- Home phone
- Cell phone
- Business phone
- Email

Faith affiliation optional

Denomination/faith group ______________________________

---

**Alternate address** *if applicable*

Street _______________________________________

City/State/Zip _______________________________________

Home phone _______________________________________

Business phone ______________________________________

Email address _______________________________________

Dates for alternate address: From ______________________ To ______________________
STEP 2  AUTHORIZE ACCESS

List all authorized to discuss your gift with InFaith staff. This list may include family members, friends or professional advisors (CPA, attorney, etc.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Donor(s)</th>
<th>Phone/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STEP 3  YOUR GIFT

GIVE NOW  Outright gifts that provide immediate charitable support *(not a trust, gift annuity or life insurance)*

- **Cash**
  - $_________________ ____________________

- **Securities**  *Attach a copy of brokerage statement with shares identified*
  - $_________________ ____________________

- **Real estate**  *Contact InFaith for a Real Estate Questionnaire*
  - $_________________ ____________________

- **Qualified IRA distributions** to a charitable fund without ongoing advisory privileges.  *Name your fund at the top of page 4 and complete section B.*
  - $_________________ ____________________

- **Complex Assets** (privately held stock, crops/farm equipment, closely held stock (C-Corp or S-Corp), limited liability company, limited partnership)  *Contact InFaith for a Complex Asset Questionnaire*
  - $_________________ ____________________

GIVE LATER  Gifts that occur upon death and provide future charitable support

- **Life insurance** to be owned by InFaith  *Please attach a copy of an in-force insurance illustration*
  - $_________________ ____________________

  - **Life insurance** using qualified IRA distributions  *Name your fund at the top of page 4 and complete section B.*
    - $_________________ ____________________

- **Bequest** through a will or living trust  *Contact InFaith for suggested language for will*
  - $_________________ ____________________

- **Beneficiary proceeds** from IRA or other qualified retirement plan, annuity or life insurance
  - $_________________ ____________________

- **Beneficiary of non-InFaith trust**  *Contact InFaith for suggested language for trust agreement*
  - $_________________ ____________________

- **Life estate reserved**  *Contact InFaith for a Real Estate Questionnaire*
  - $_________________ ____________________

GIVE & RECEIVE  Gifts that provide ongoing income payments and future charitable support.  *See Give Now (above) for additional forms required for complex gift assets.*

- **Charitable gift annuity**  *Contact InFaith for a Gift Annuity Application*
  - $_________________ ____________________

  Charitable remainder trust with InFaith as trustee.  *Contact InFaith for a Charitable Remainder Trust Application*

- **Charitable remainder annuity trust**
  - $_________________ ____________________

- **Charitable remainder unitrust**
  - $_________________ ____________________

- **Testamentary charitable remainder trust**
  - $_________________ ____________________

TOTAL GIFT

- $_________________
STEP 4 YOUR DONOR ADVISED FUND

NAME YOUR FUND
Create a fund in your name or a name that suits your fund’s purpose (e.g., The John and Mary Jones Fund).

Fund name: ____________________________________________________________

OPTIONS FOR CHARITABLE SUPPORT Select A, B, C and/or D

- A. Advise grants as you go (Dynamic Fund) Any charities, anytime. No minimum gift; minimum administrative fee applies.

Investment Selection
I recommend my fund’s assets be invested as follows: If no box is checked, assets will be invested in the Mission Growth Portfolio.

- Allocation must total 100%
  - Core Growth Portfolio 85% equities/15% fixed income
  - Mission Growth Portfolio 85% equities/15% fixed income
  - WomenInvest Portfolio 75% equities/25% fixed income
  - Income Portfolio 100% fixed income

OR

- Advisor Managed Fund
  For customized portfolios of $250,000 or more. Contact InFaith for more information.

Select your preference for charitable support following the death of all living donors/fund advisors

- I/we name family/friends as successor advisor to our fund. Circle the person nominated to act as chairperson.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship &amp; Date of Birth</th>
<th>Name</th>
<th>Relationship &amp; Date of Birth</th>
<th>Name</th>
<th>Relationship &amp; Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address and phone number of chairperson:

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- I/we name the following charities to benefit upon the death of the last surviving fund advisor.
  - To receive the fund’s full remainder
  - To receive annual grants in perpetuity
  - To receive 10% annually for 20 years, and then the fund’s remaining value

<table>
<thead>
<tr>
<th>Charity name</th>
<th>% of distribution</th>
<th>Street</th>
<th>City/State/Zip</th>
<th>Phone number</th>
<th>Grant purpose optional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Charity name</th>
<th>% of distribution</th>
<th>Street</th>
<th>City/State/Zip</th>
<th>Phone number</th>
<th>Grant purpose optional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GO TO STEP 5 ON PAGE 6
### B. Designate charities for automatic annual grants

**Fund minimum: $5,000 per charity***

<table>
<thead>
<tr>
<th>Charity name</th>
<th>% of annual distribution</th>
<th>Street</th>
<th>City/State/Zip</th>
<th>Phone number</th>
<th>Grant purpose optional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**InFaith Giving Options**

- [ ] InFaith Community Fund _____%
- [ ] Disaster Response _____%
- [ ] Education _____%
- [ ] Health Services _____%
- [ ] Human Services _____%
- [ ] LCMS & Related Organizations _____%
- [ ] WELS & Related Organizations _____%
- [ ] ELCA & Related Organizations _____%
- [ ] Ecumenical/Interfaith _____%

*Administrative fees apply upon receipt of gift assets.*

### C. Designate a scholarship

**Fund minimum: $5,000 per educational institution***

Accredited educational institution through which the scholarship will be distributed:

Name ___________________________________________ Phone number ___________________________________________

Address/City/State/Zip ________________________________________________________________

Recommended scholarship criteria (e.g., G.P.A., field of study, financial need) ________________________________________________________________

*Administrative fees apply upon receipt of gift assets.*

### D. Designate a cause/area of interest

**Fund minimum: $25,000***

Designate your specific cause or area of interest, describing your scope and criteria in as much detail as possible (e.g., sample organizations, geographic area, faith affiliation). InFaith researches specific charities to address your designated cause.

*Administrative fees apply upon receipt of gift assets.*
COMPLETE IF YOU SELECTED FUND OPTIONS B, C OR D

Investment Selection
I recommend that my fund’s assets be invested as follows: *If no box is checked, assets will be invested in the Mission Growth Portfolio. The exception is charitable gift annuity assets, which are invested in the Core Growth Portfolio.*

- [ ] Core Growth Portfolio (85% equities/15% fixed income)
- [ ] Mission Growth Portfolio (85% equities/15% fixed income)
- [ ] WomenInvest Portfolio (75% equities/25% fixed income)

Grant Distribution Preferences
Make your selection for annual grant distributions from the options below.

- [ ] Perpetual grant support. 5% distributed annually among recommended charities. Distribution rate is subject to change.
- [ ] Term of years grant support. 10% distributed annually for 10-20 years. At the end of the set term, the fund remainder is distributed to recommended charities. Check one box to indicate the term of years:  [ ] 10 years  [ ] 15 years  [ ] 20 years

Optional
- [ ] I/we request an immediate one-time grant of a specific amount to a specific charity(ies). I/we understand that $50,000 or 20% of the gift, whichever is greater, must remain in the fund for ongoing grant distributions.

  Charity name  ____________________________________________________________________________________________________
  Gift amount  $ ______________________
  Street  _________________________________________________________________________________________________________
  City/State/Zip  __________________________________________________________________________________________________
  Phone number ___________________________  Grant purpose optional  __________________________________________________

STEP 5 ADDITIONAL INSTRUCTIONS

Disclosure in InFaith publications
- [ ] Okay to disclose in InFaith publications
- [ ] Okay to disclose in InFaith publications after death
- [ ] Never disclose

Disclosure to benefiting charities
- [ ] Okay to disclose fund name, donor/fund advisor name(s) and nature of gift to benefiting charities with grant distributions or earlier upon request.
- [ ] Okay to disclose fund name, donor/fund advisor name(s) and nature of gift after death
- [ ] Never disclose

COMMENTS OR SPECIAL INSTRUCTIONS FOR YOUR FUND
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
STEP 6 GIFT ACKNOWLEDGEMENT

I acknowledge that I intend to make an irrevocable gift to InFaith Community Foundation as described in this workbook. With my gift, I understand that I will be transferring all ownership and legal control of the gift to the Foundation, subject to acceptance by an officer of the Foundation, for allocation to a donor advised fund or charitable fund.

I reviewed and accept the Foundation’s statement of policies as stated in About Your Charitable Fund (available online at inFaithFound.org/fundpolicies), and understand my fund will be administered according to these policies.

______________________________________________________________
Donor signature                               Date

______________________________________________________________
Donor signature                               Date

Optional How did you learn about InFaith Community Foundation?

○ Recommended by a friend/family                ○ Website
○ Recommended by a Thrivent Financial representative ○ Advertisement
○ Recommended by a professional advisor        ○ Online search
○ I am a Thrivent Financial employee            ○ Other: ________________________________

Optional InFaith does not wish to accept gifts that may cause undue hardship to a donor’s personal welfare or comfort during their lifetime. To ensure the gift you are making is appropriate for your situation, please indicate what portion of your estate or assets this gift represents. With gifts of life insurance, check the box that best reflects the portion used for premium payments.

○ Less than 10% of my assets              ○ Between 10% and 24% of my assets
○ Between 25% and 49% of my assets

SEND YOUR FUND WORKBOOK

Once your Fund Workbook is completed, please send it to:

InFaith Community Foundation
625 Fourth Avenue South, Suite 1500
Minneapolis, Minnesota 55415

If you have questions: phone: 800.365.4172 email: contact@inFaithFound.org fax: 612.844.4109

Upon receipt of your completed Fund Workbook, InFaith will prepare a Fund Agreement that reflects your charitable interests. To ensure your wishes are stated correctly, this Fund Agreement must be reviewed and signed before your gift is made. Make checks payable to InFaith Community Foundation.

Go paperless with e-statements

Once your donor advised fund is established, you can sign up for electronic delivery of statements at inFaithFound.org/fundlogin.
PROFESSIONAL ADVISOR INFORMATION

To be completed by the donor’s professional advisor when s/he is part of the gift process. The professional advisor agrees to abide by the Gift Advocate Code of Ethics available online at inFaithFound.org/giftcode.

Professional advisor’s name ____________________________________________________  RFO # ______________________________

Address   _________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Phone  ___________________________________________________________________________________________________________

Notes or special instructions  ________________________________________________________________________________________

How did you learn about InFaith Community Foundation?

○ InFaith mailing/email
○ Direct contact with InFaith gift planner
○ Presentation by InFaith staff
○ Another financial representative _____________________________________________
○ Other ________________________________________________________________________________________

Additional professional advisor assisting with gift if applicable

Professional advisor’s name ____________________________________________________  RFO # ______________________________

Address   _________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Phone  ___________________________________________________________________________________________________________

Notes or special instructions  ________________________________________________________________________________________