

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

Full name Mr. Ms. Mrs. Miss Other _____

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*

Full name Mr. Ms. Mrs. Miss Other _____

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.)

Name	Relationship to Donor(s)	Phone/Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

STEP 3 YOUR GIFT

	Approximate Value	Additional Details <small>Asset details, e.g., cost basis for securities or real estate, qualified charitable distributions</small>
GIVE NOW Outright gifts that provide immediate charitable support (<i>not a trust, gift annuity or life insurance</i>)		
<input type="radio"/> Cash	\$ _____	_____
<input type="radio"/> Securities <i>Attach a copy of brokerage statement with shares identified</i>	\$ _____	_____
<input type="radio"/> Real estate <i>Contact InFaith for a Real Estate Questionnaire</i>	\$ _____	_____
<input type="radio"/> Qualified IRA distributions to a charitable fund without ongoing advisory privileges. <i>Name your fund at the top of page 4 and complete section B.</i>	\$ _____	_____
<input type="radio"/> Complex Assets (privately held stock, crops/farm equipment, closely held stock (C-Corp or S-Corp), limited liability company, limited partnership) <i>Contact InFaith for a Complex Asset Questionnaire</i>	\$ _____	_____
GIVE LATER Gifts that occur upon death and provide future charitable support		
<input type="radio"/> Life insurance to be owned by InFaith <i>Please attach a copy of an in-force insurance illustration</i>	\$ _____	_____
<input type="radio"/> Life insurance using qualified IRA distributions <i>Name your fund at the top of page 4 and complete section B.</i>	\$ _____	_____
<input type="radio"/> Bequest through a will or living trust <i>Contact InFaith for suggested language for will</i>	\$ _____	_____
<input type="radio"/> Beneficiary proceeds from IRA or other qualified retirement plan, annuity or life insurance	\$ _____	_____
<input type="radio"/> Beneficiary of non-InFaith trust <i>Contact InFaith for suggested language for trust agreement</i>	\$ _____	_____
<input type="radio"/> Life estate reserved <i>Contact InFaith for a Real Estate Questionnaire</i>	\$ _____	_____
GIVE & RECEIVE Gifts that provide ongoing income payments and future charitable support. <i>See Give Now (above) for additional forms required for complex gift assets.</i>		
<input type="radio"/> Charitable gift annuity <i>Contact InFaith for a Gift Annuity Application</i>	\$ _____	_____
Charitable remainder trust with InFaith as trustee. <i>Contact InFaith for a Charitable Remainder Trust Application</i>		
<input type="radio"/> Charitable remainder annuity trust	\$ _____	_____
<input type="radio"/> Charitable remainder unitrust	\$ _____	_____
<input type="radio"/> 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.

Name Relationship & Date of Birth

Name Relationship & Date of Birth

Name Relationship & Date of Birth

Name Relationship & Date of Birth

Address and phone number of chairperson:

Address

Phone

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

Charity name _____

Charity name _____

% of distribution _____

% of distribution _____

Street _____

Street _____

City/State/Zip _____

City/State/Zip _____

Phone number _____

Phone number _____

Grant purpose *optional* _____

Grant purpose *optional* _____

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B. Designate charities for automatic annual grants *Fund minimum: \$5,000 per charity**

Charity name _____
% of annual distribution _____
Street _____
City/State/Zip _____
Phone number _____
Grant purpose *optional* _____

Charity name _____
% of annual distribution _____
Street _____
City/State/Zip _____
Phone number _____
Grant purpose *optional* _____

Charity name _____
% of annual distribution _____
Street _____
City/State/Zip _____
Phone number _____
Grant purpose *optional* _____

Charity name _____
% of annual distribution _____
Street _____
City/State/Zip _____
Phone number _____
Grant purpose *optional* _____

InFaith Giving Options

- | | | |
|--|--|--|
| <input type="radio"/> InFaith Community Fund ____% | <input type="radio"/> Health Services ____% | <input type="radio"/> LCMS & Related Organizations ____% |
| <input type="radio"/> Disaster Response ____% | <input type="radio"/> Human Services ____% | <input type="radio"/> WELS & Related Organizations ____% |
| <input type="radio"/> Education ____% | <input type="radio"/> ELCA & Related Organizations ____% | <input type="radio"/> Ecumenical/Interfaith ____% |

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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) _____

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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.

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**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?

- | | |
|--|-------------------------------------|
| <input type="radio"/> Recommended by a friend/family | <input type="radio"/> Website |
| <input type="radio"/> Recommended by a Thrivent Financial representative | <input type="radio"/> Advertisement |
| <input type="radio"/> Recommended by a professional advisor | <input type="radio"/> Online search |
| <input type="radio"/> I am a Thrivent Financial employee | <input type="radio"/> 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 _____



Spreading Joy. Changing Lives.

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