



# 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

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**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*

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**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 \_\_\_\_\_

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#### 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 <i>Asset details, e.g., cost basis for securities or real estate, qualified charitable distributions</i>
<b>GIVE NOW</b> Outright gifts that provide immediate charitable support ( <i>not a trust, gift annuity or life insurance</i> )		
<input type="radio"/> <b>Cash</b>	\$ _____	_____
<input type="radio"/> <b>Securities</b> <i>Attach a copy of brokerage statement with shares identified</i>	\$ _____	_____
<input type="radio"/> <b>Real estate</b> <i>Contact InFaith for a Real Estate Questionnaire</i>	\$ _____	_____
<input type="radio"/> <b>Qualified IRA distributions</b> 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"/> <b>Complex Assets</b> (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>	\$ _____	_____
<b>GIVE LATER</b> Gifts that occur upon death and provide future charitable support		
<input type="radio"/> <b>Life insurance</b> to be owned by InFaith <i>Please attach a copy of an in-force insurance illustration</i>	\$ _____	_____
<input type="radio"/> <b>Life insurance</b> using qualified IRA distributions <i>Name your fund at the top of page 4 and complete section B.</i>	\$ _____	_____
<input type="radio"/> <b>Bequest</b> through a will or living trust <i>Contact InFaith for suggested language for will</i>	\$ _____	_____
<input type="radio"/> <b>Beneficiary proceeds</b> from IRA or other qualified retirement plan, annuity or life insurance	\$ _____	_____
<input type="radio"/> <b>Beneficiary of non-InFaith trust</b> <i>Contact InFaith for suggested language for trust agreement</i>	\$ _____	_____
<input type="radio"/> <b>Life estate reserved</b> <i>Contact InFaith for a Real Estate Questionnaire</i>	\$ _____	_____
<b>GIVE &amp; RECEIVE</b> 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"/> <b>Charitable gift annuity</b> <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"/> <b>Charitable remainder annuity trust</b>	\$ _____	_____
<input type="radio"/> <b>Charitable remainder unitrust</b>	\$ _____	_____
<input type="radio"/> <b>Testamentary charitable remainder trust</b>	\$ _____	_____
<b>TOTAL GIFT</b>	\$ _____	

# 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.*

Note: Dynamic Funds require a living donor advisor or successor advisor at the time the asset is received in the charitable fund.

### 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.*

- |  |           |  |
|--|-----------|--|
| <input type="radio"/> <b>Allocation must total 100%</b>  | <b>OR</b> | <input type="radio"/> <b>Advisor Managed Fund</b>  |
| <input type="checkbox"/> % <b>Core Growth Portfolio</b> 85% equities / 15% fixed income<br><input type="checkbox"/> % <b>Mission Growth Portfolio</b> 85% equities / 15% fixed income<br><input type="checkbox"/> % <b>WomenInvest Portfolio</b> 75% equities / 25% fixed income<br><input type="checkbox"/> % <b>Income Portfolio</b> 100% fixed income |           | <i>For customized portfolios of \$250,000 or more. Contact InFaith for more information.</i> |

**Please select your preference for charitable support following the death of donor 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

<b>Charity name</b> _____	<b>Charity name</b> _____
% of distribution _____	% of distribution _____
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____
Phone number _____	Phone number _____
Grant purpose <i>optional</i> _____	Grant purpose <i>optional</i> _____

GO TO STEP 5 ON PAGE 6

**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

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## 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](http://inFaithFound.org/fundpolicies)), and understand my fund will be administered according to these policies.

\_\_\_\_\_  
Donor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor signature

\_\_\_\_\_  
Date

### How did you learn about InFaith Community Foundation?

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

### Have you discussed your charitable plan with an InFaith Gift Planner?

- Yes, with Cindy Aegerter     Yes, with Ben Boline     Yes, with Delinda Rood
- I have not discussed my charitable plan with an InFaith Gift Planner

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  
600 Portland Avenue South, Suite 5100  
Minneapolis, Minnesota 55415

If you have questions: phone: 800.365.4172 email: [contact@inFaithFound.org](mailto: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](http://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](http://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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