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

<table>
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<tr>
<th>FIRST DONOR</th>
<th>ADDITIONAL DONOR if applicable</th>
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<tbody>
<tr>
<td><strong>Full name</strong></td>
<td>○ Mr. ○ Ms. ○ Mrs. ○ Miss ○ Other _______</td>
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<tr>
<td><strong>Date of birth</strong></td>
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<tr>
<td><strong>First donor’s primary address</strong></td>
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<tr>
<td>Street</td>
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<tr>
<td>City/State/Zip</td>
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<tr>
<td>Home phone</td>
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<td>Cell phone</td>
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<td>Business phone</td>
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<td>Email address</td>
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<tr>
<td>Preferred method of communication (select one)</td>
<td>○ Home phone ○ Cell phone ○ Business phone ○ Email</td>
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<td><strong>Faith affiliation</strong> optional</td>
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<tr>
<td>Denomination/faith group</td>
<td>____________________________</td>
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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.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Donor(s)</th>
<th>Phone/Email</th>
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STEP 3  YOUR GIFT

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

- ○ Cash
  
- ○ Securities  \textit{Attach a copy of brokerage statement with shares identified} $_________________ ____________________

- ○ Real estate  \textit{Contact InFaith for a Real Estate Questionnaire} $_________________ ____________________

- ○ Qualified IRA distributions to a charitable fund without ongoing advisory privileges. \textit{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) \textit{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 \textit{Please attach a copy of an in-force insurance illustration} $_________________ ____________________

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

- ○ Bequest through a will or living trust \textit{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 \textit{Contact InFaith for suggested language for trust agreement} $_________________ ____________________

- ○ Life estate reserved \textit{Contact InFaith for a Real Estate Questionnaire} $_________________ ____________________

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

- ○ Charitable gift annuity \textit{Contact InFaith for a Gift Annuity Application} $_________________ ____________________

Charitable remainder trust with InFaith as trustee. \textit{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.

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.

○ 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.

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.

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<th>Name</th>
<th>Relationship &amp; Date of Birth</th>
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Name 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

<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>
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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 _________________________________

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

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) _______________________________

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

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   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  ________________________________________________________________________________________