

APPLICATION ENDOWMENT DONOR ADVISED FUND

1. FUND INFORMATION

FUND NAME (print) _____

FUND ADVISOR DATE OF BIRTH _____ S.S. # _____

FUND ADVISOR DATE OF BIRTH _____ S.S. # _____

Relationship: Spouse Son Daughter Other _____

ADDRESS _____

CITY STATE ZIP _____, _____, _____

PRIMARY PHONE _____ SECONDARY PHONE _____

EMAIL _____

2. PROPOSED PURPOSE (Attach a separate sheet, as needed)

Please include specific names and addresses of qualified 501(c)(3) nonprofit organizations to which distributions may be recommended. Indicate the percentage of distribution to each charity; at least 51% must be to Christ-centered organizations. Also include any charitable, religious, educational, scientific, and health causes that may be recommended for grants.

3. SUCCESSOR ADVISEMENT (Optional, in the event of your disability or demise-same advisory rights as Fund Advisor)

First NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

Second NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

If no Successor Advisor is named, the BFI Board of Directors shall make **annual** grants consistent with your purpose.

4. INVESTMENT ADVISEMENT *(Check One)*

I wish to nominate Baptist Foundation of Indiana as Investment Advisor.

I wish to nominate the Investment Advisor listed below:

NAME _____ PHONE _____

FIRM ADDRESS _____

City _____ State _____ Zip _____

5. METHOD OF FUNDING

INITIAL CASH FUNDING: \$ _____

NON-CASH PROPERTY List asset(s) you are considering gifting, including type of asset, location (if appropriate), estimated fair market value. Examples include appreciated stock, real estate, or Family Limited Partnerships. Attach a separate sheet if necessary.

DEFERRED FUNDING

Charitable Remainder Trust Unitrust NIMCRUT Annuity Trust Lead Trust (Attach copy of trust)

Initial Value \$ _____ Current Value \$ _____ Term of Years _____ or Life

Payout Rate _____ Birth Date(s) of Income Beneficiaries _____

LIFE INSURANCE OR ANNUITY (Please provide original policy and all insurance agreements.)

Policy # _____ Face Value \$ _____

Insurance Carrier _____

Agent _____ Telephone _____

Mailing Address _____

City _____ State _____ Zip _____

GIFT ANNUITY REMAINDER INTEREST Value \$ _____

Birth Date(s) of Income Beneficiaries _____

BEQUEST Estimated Present Value of Bequest \$ _____



Agreement

By completing and signing this application, we certify that we understand the nature of donor advised funds and will conduct our activities in compliance with the regulations of the Internal Revenue Code. We will abide by the policies and conditions set forth by the Christian Community Foundation, which in some instances, exceed government requirements. We acknowledge receipt of a current fee schedule and understand that fees will apply when the account is funded. **We understand that in order for our contributions to qualify as an income tax deduction, our gift is irrevocable, and the ownership and custody of our donated funds and property will be fully relinquished to the Indiana Baptist Foundation. Further, we understand that our communication regarding the fund is advisory only and that ultimate decisions and control relative to each of these issues are the responsibility of Indiana Baptist Foundation.**

APPLICANT/FUND ADVISOR:

_____	_____
Name (Please print.)	Name (Please print.)
_____	_____
Signature	Signature
Date: _____	Date: _____

Please copy my professional advisor below on all correspondence to me.

Professional Advisor Statement (if applicable)

I hereby certify that I have informed the applicant of the nature of donor advised funds, and the gift and tax implications of establishing such funds with Indiana Baptist Foundation.

Name of Professional Advisor (Please print.)		
_____	_____	_____
Signature		Date
_____	_____	_____
Name of Firm		Phone

Address		
_____	_____	_____
City	State	Zip

ENDOWMENT DONOR ADVISED FUNDS

CHARACTERISTICS:

- A clear, specific purpose approved by the Board of Directors
- Minimum initial deposit of \$10,000
- Distributions may be recommended for 501(c)(3) organizations, families in need, scholarship programs, OR
- Grants may be recommended by application and approval for charitable, religious, educational, scientific, and health (CRESH) activities.
- Donations are usually given by an individual donor or family members and invested to endow one's purpose.
- A deferred fund may be established to receive estate distributions upon the donor's death.

Note: If your endowment DAF will be funded only at the maturity of your estate, there are no current fees or minimum deposit.

- • The Fund Advisor may give investment advice for fund or recommend an investment advisor.
- • The Fund will be responsible for any legal expenses incurred on behalf of the fund.
- • Generally does not have employees.

PRICING SCHEDULE FOR SERVICES

Annual Administration

\$0 to 1,000,000.....	1.00%
\$1,000,001 to \$5,000,000	0.75%
Over \$5,000,000.....	0.50%

Limited Partnerships.....the greater of above schedule or \$300.00

Non-Readily Marketable Securities.....the greater of above schedule or \$300.00

- Minimum annual pricing is \$195 per calendar year.
- Fee is charged monthly on the beginning month's balance plus additional donations received during the month.

Special Services:

Special HandlingCost Plus \$25.00

Real-Estate Initial Processing \$1,000.00

Grant Processing\$100 annually per approved Grant

Transactional distributions will have a minimum of one quarter's fee.

Although the Board of Directors reserves the right to change the fee structure at any time, we remain committed to maintaining the lowest pricing schedule possible, consistent with our ability to provide quality services.