

Donor Advised Fund Application



Everence Foundation

Office use only

Account no. _____

Client I.D. _____

Date _____

This is to be an individual plan a joint plan

Personal information

Donor name _____

Address _____
Street

City State ZIP

Telephone number (home) _____
(work) _____

Where do you prefer we call you? _____

Social Security number _____

Birth date _____

Email address _____

Denomination _____

Conference/District _____

Congregation _____

If this is to be a joint plan, please provide the following information on the second donor.

Name _____

Address (if different) _____
Street

City State ZIP

Email _____

Telephone number _____

Social Security number _____

Birth date _____

I am (We are) making a contribution to Everence Foundation.

Enclosed is:

Check for \$ _____ **(make check payable to Everence Foundation)**

Appreciated property with estimated value of \$ _____
Cost basis \$ _____

Date acquired _____

Please contact an Everence charitable services representative before transferring securities or property.

Please choose one of the following donor advised fund levels.

Steward level (minimum of \$1,000)

Patron level (minimum of \$10,000)

Philanthropist level (minimum of \$30,000)

Custom donor advised fund (minimum of \$500,000)

Please include any additional information that may be helpful in administering your account.

Distribution of remainder: The assets remaining in the donor advised fund at the time of death may be distributed to any church institutions or other charitable organizations approved by Everence Foundation. Recommended charities may be designated on a separate *Charitable gift recommendation* form.

Signature

Date

Signature of joint donor

Application for donor advised fund — Internal use only

Name on account _____

Charitable services representative _____

**Investment information
(for Patron or Philanthropist levels)**

1. Account administrator _____
(Field 9). See list of administrative officers (MC053Admin Ofcrs.wk4)

2. Everence charitable services representative _____
(Field 710). See list of representatives (Field Reps+.wk4)

3. Portfolio model
- Aggressive
 - Moderate aggressive
 - Moderate
 - Moderate conservative
 - Conservative
 - Ultra conservative
 - Fixed income

4. Invasion of principal _____
Family endowment funds require a value in this field.
D – Discretion of beneficiary
N – No
R – Limited
T – Discretion of trustee
Y – Unlimited

Blank – Not applicable (default)

5. Performance measurement _____
Not available for Account Types 50, 56, and 51. Greater than \$150,000 requires donor inquiries.
Y – Yes
Blank – Do not include

6. a. SIM prin. model number _____ (larger funds)
For RCGF this field is blank.

- b. SIM prin. model number _____
(smaller funds – Account Type 56)
- N1 – Conservative allocation
 - N2 – Intermediate allocation
 - N3 – Endowment allocation

7. 300/Endowment accounts _____
Not available for RCGF pool.
- Q1 – Endowment – CAPG (We pay net income = ordinary earnings plus capital gains.)
 - R1 – Endowment – PCNT (We pay a percentage of only Dec. 31 market value.)
 - S1 – Endowment – ORD (We pay ordinary earnings, no capital gains.)

Account fee

8. Fee schedule number _____
Refer to fee schedule document.

Client statement information

Note: For account balances below \$5,000, a \$10 fee will apply for annual paper statements. Electronic statements available at no cost.

9. Frequency of statements:
- Quarterly
 - Semiannually
 - Annually

Recurring charitable distribution information

Distribution methods

10. Percentage of net income (0 to 100 percent) _____%

11. Distribute net capital gains? Yes No

12. Fixed payment amount \$ _____
The only option for Steward level.

13. Distribution frequency:
- Monthly
 - Quarterly
 - Semiannually
 - Annually

Charity name _____

Charity address _____
Street

City _____ State _____ ZIP _____

Everence Foundation

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