



ACF GIVING FUND APPLICATION

Please complete the following application to establish a Giving Fund (donor advised fund) with Atlanta Christian Foundation (ACF). For complete policies and Fund information, read ACF's Program Guidelines. If you need assistance, contact ACF at 678.892.1741.

1 GIVING FUND INFORMATION

What would you like to name the Fund? _____

For Example: The Smith Family Giving Fund, The John 3:16 Fund, The Main Street Church Fund, etc. The Fund name and your name will appear on all Fund correspondence, as well as all correspondence that accompanies grants (distributions) from the Fund (unless you request anonymity).

FUND TYPE

Circle One: Individual Family Ministry Church Company

If Fund is for a church, ministry, or company, list its name here (if applicable).

2 GIVING FUND ADVISOR CONTACT INFORMATION

PRIMARY ADVISOR

_____	_____	_____	_____	_____
Title	First Name	Initial	Last Name	Suffix
_____		_____		
Date of Birth	Social Security # / Tax ID #			

Address: Including P.O. Box, street address, suite or apartment #				

City	State	Zip		

Home Ph.	Business/Cell	Fax		

Email Address*				
<i>*This is required and will be your User ID on the Donor Website.</i>				
<i>E-Notifications will be sent here when quarterly statements are available.</i>				
Preferred Method of Contact (Circle One)				
Email	Home Ph.	Bus. Ph.	Mail	Cell

ADDITIONAL PRIMARY ADVISOR

_____	_____	_____	_____	_____
Title	First Name	Initial	Last Name	Suffix
_____		_____		
Date of Birth	Social Security # / Tax ID #			

Address: Including P.O. Box, street address, suite or apartment #				

City	State	Zip		

Home Ph.	Business/Cell	Fax		

Email Address				
Preferred Method of Contact (Circle One)				
Email	Home Ph.	Bus. Ph.	Mail	Cell

Unless instructed (by separate attachment), ACF will accept recommendations from either of the individuals named above. To add additional advisors, please provide the above information for each advisor on a separate sheet. If you wish to authorize additional advisors, please note their contact information (including email and address) on a separate sheet.

3 PROFESSIONAL ADVISOR INFORMATION (IF APPLICABLE)

If you work with a professional advisor that you wish to have access to your Fund, please fill out the following section (*attach an additional sheet if you have more than one professional advisor*). If you do not wish for your professional advisor to have access, leave this section blank.

Type of Advisor: (Circle One) Accountant Attorney Financial Planner Investment Manager Other (*Specify*)

Professional Advisor Name & Firm Name _____

Mailing Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

I authorize my advisor to recommend grants from the Fund: Yes No (*if no box is checked, we will assume "No"*)

4 CONTRIBUTION INFORMATION

The suggested initial contribution to establish a Giving Fund is \$10,000. Please refer to ACF's Program Guidelines for information on the types of gifts ACF can accept.

Please check the type of contribution you will be making:

Check(s) in the amount of \$ _____
Check(s) should be made payable to "Atlanta Christian Foundation" ***Insert Fund Name in Memo on Check***

Wire in the amount of \$ _____
Please contact ACF for wiring instructions.

Assets to be gifted at a later time via testamentary gifting
Please contact ACF for more information or download "Testamentary Gift Information" from our website.

A nonliquid gift (as defined in Program Guidelines)
Please contact ACF for more information or download "Asset Transfer Instructions" from our website.

Publicly traded securities or mutual fund shares
Name of stock or mutual fund: _____
Number of shares: _____
To initiate transfer, visit the "Forms & Reports" section of our website or contact ACF for instructions.

5 INVESTMENT INFORMATION

Anticipated Fund Balance (*Select One*): Less than \$100,000 Greater than \$100,000

Your Giving Fund balance may be invested, dependent upon the size of your Fund, providing opportunity for financial growth. Please note that if a Fund's balance is under \$50,000, it will be a "Stable Value Fund" with no monthly administrative costs, gains, or losses posted. If at any time the Fund's balance goes over \$50,000, the balance will automatically be invested according to the pool you select below, and standard administrative costs will apply. If the balance again drops below \$50,000, the Fund will once again be a "Stable Value Fund." **Please select one investment pool. You can select up to two pools if your Fund balance will be \$100,000 or greater.** Percentages must total 100%.

____% **Money Market:** Lower risk, Money Market Fund Rates

____% **Bond:** Income Producing

____% **Conservative:** 40% Equities, 60% Bond Funds

____% **Balanced:** 50% Equities, 50% Long-Term and Short-Term Bonds & Money Market Funds

____% **Growth:** 60% U.S. Equities, 20% International Equities, 20% Intermediate Bonds & Money Market Funds

7 HOW DID YOU HEAR ABOUT US?

Please tell us how you heard about ACF (please list specific names and/or organizations).

- C Donor Referral: _____
- C Ministry/church leader: _____
- C Financial professional: _____
- C Legal professional: _____
- C ACF website/search engine: _____
- C Web/Marketing: _____
- C Event (e.g. Young Life, Generous Giving, The Gathering, etc.): _____
- C Other: _____

SIGNATURES

I acknowledge that I have read Atlanta Christian Foundation Program Guidelines and agree to the terms and/or conditions described therein. I understand that in order to qualify as a deductible contribution for income tax purposes, The National Christian FoundationSM will fully own all contributed assets, and that earnings and losses on the investments in the various pools are typically allocated to the Giving FundsSM. Further, I understand that my communication regarding the Fund is advisory only and that ultimate decisions and control, relative to each of these issues, are that of The National Christian FoundationSM.

Primary Advisor Signature (Required)

Date

Additional Primary Advisor Signature (Required)

Date

Atlanta Christian Foundation

By

Name & Title

Effective Date

National Christian Charitable Foundation, Inc. d/b/a The National Christian FoundationSM

By

Name & Title

Effective Date

For Internal Purposes ONLY Fund #: _____ Relationship Manager: _____ Source code: _____

Entry date: _____ Initials: _____ Salesforce: Y / N