



# KCF GIVING FUND APPLICATION

Please complete the following application to establish a Giving Fund (donor advised fund) with Knoxville Christian Foundation (KCF). For complete policies and Fund information, read KCF's Program Guidelines. If you need assistance, contact KCF at 865.523.5610.

## 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>				
<b>Preferred Method of Contact (Circle One)</b>				
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				
<b>Preferred Method of Contact (Circle One)</b>				
Email	Home Ph.	Bus. Ph.	Mail	Cell

Unless instructed (by separate attachment), KCF 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 KCF's Program Guidelines for information on the types of gifts KCF 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 "Knoxville Christian Foundation" \*\*\*Insert Fund Name in Memo on Check\*\*\*

**Wire in the amount of \$** \_\_\_\_\_  
Please contact KCF for wiring instructions.

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

**A nonliquid gift (as defined in Program Guidelines)**  
Please contact KCF 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 KCF 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 KCF (please list specific names and/or organizations).

- C Donor Referral: \_\_\_\_\_
- C Ministry/church leader: \_\_\_\_\_
- C Financial professional: \_\_\_\_\_
- C Legal professional: \_\_\_\_\_
- C KCF 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 Knoxville 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 Foundation<sup>SM</sup> will fully own all contributed assets, and that earnings and losses on the investments in the various pools are typically allocated to the Giving Funds<sup>SM</sup>. 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 Foundation<sup>SM</sup>.

\_\_\_\_\_  
Primary Advisor Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Primary Advisor Signature (Required)

\_\_\_\_\_  
Date

Knoxville Christian Foundation

\_\_\_\_\_  
By

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Effective Date

National Christian Charitable Foundation, Inc. d/b/a The National Christian Foundation<sup>SM</sup>

\_\_\_\_\_  
By

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Effective Date

**For Internal Purposes ONLY** Fund #: \_\_\_\_\_ Relationship Manager: \_\_\_\_\_ Source code: \_\_\_\_\_

Entry date: \_\_\_\_\_ Initials: \_\_\_\_\_ Salesforce: Y / N