

The Donor-Advised Fund is your own charitable fund set up for the purpose of making grants to organizations about which you care. Organizations to which you may give must be qualified as charitable by the IRS. The Donor-Advised Fund is usually established inside a Community Foundation that invests the funds for tax-free growth.

Primary Donor / Advisor

Full Name: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Mrs.

Date Of Birth:

Social Security:

Religious Affiliations: ☐ Lutheran ☐ Other
(If other please specify)

Address:

City/State/Zip:

Business Phone:

Home Phone:

Email:

Joint Donor / Advisor

Full Name: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Mrs.

Date Of Birth:

Social Security:

Religious Affiliations: ☐ Lutheran ☐ Other
(If other please specify)

Joint Donor's Primary Address:

Address:

City/State/Zip:

Business Phone:

Home Phone:

Email:

Unless instructed (by separate attachment), the Foundation will accept recommendations from either of the individuals named above as Primary Advisors to the Fund.

Additional Contacts *(if applicable):*

If you work with a financial advisor or attorney whom you choose to have access to your account, please fill out this section to give your advisor permission for account access. This will authorize Foundation staff to discuss your account with these individuals only.

Financial Advisor:

Phone/Email:

Attorney:

Phone/Email:

Accountant:

Phone/Email:

Other:

Phone/Email:

Name Of Fund

As the fund donor you have the privilege of naming your fund. You may name it for yourself, your family, or someone else. Please write the name of your charitable fund below:

(Name of Fund)

Purpose of the Fund:

For more information about the purpose of your fund see, "Must I write a Fund Purpose?" *in The Companion to The Donor Advised Fund.*

Successor Advisor/Distribution Information

You may wish to provide the Foundation with a "succession plan" for the Donor-Advised Fund you establish, in the event of your death or incapacity. There are four options for the remaining assets in the Fund, and you may select one of these.

- ☐ A. You may name Successor Advisors to the account to succeed you after your death, OR
- ☐ B. You may elect to distribute the balance of your fund to as many as five different ministries or charities as a one-time distribution, OR
- ☐ C. You may elect to provide ongoing support (5% from the fund) annually to as many as five different ministries or charities, OR
- ☐ D. You may elect to donate the Fund to Lutheran Legacy Foundation to be used according to its mission.

Complete if you checked A – Successor Advisors

The Donor(s) may name Successor Donor Advisors to continue the grant selection process after the death, incapacity, other disqualification or earlier assignment by the Donor(s) listed above on this Application.

I/We designate the individual(s) listed below as Successor Donor Advisor(s), with authority to grant distributions from the Donor Advised Fund to qualified charitable organizations of his/her/their choosing on a timeframe of his/her/their choosing. I/We understand that all grant distributions are subject to the Foundation's determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements.

Please attach a separate page listing additional Successor Donor Advisors if necessary.

Successor Donor Advisor 1

Name:

Date Of Birth:

Social Security:

Home Phone:

City:

State:

Zip:

Email:

Successor Donor Advisor 2

Name:

Date Of Birth:

Social Security:

Home Phone:

City:

State:

Zip:

Email:

If you name more than one successor advisor, please indicate the name of the individual nominated to act as chairperson of the successor advisors.

Complete if you checked B or C – Distribution to Charitable Organizations

I/We direct the distribution of my/our Donor Advised Fund assets to the qualified charitable organizations listed below in the percentages specified. I/We understand that all grant distributions are subject to the Foundation's determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. Percentages indicated below must total 100%. (Donors may attach additional sheets and list up to a total of five charitable organizations.)

1st Organization

Organization Name:

Federal Tax ID Number:

(if known)

Phone:

City:

State:

Zip:

Address:

Available Charitable Account Balance:

%

Special Allocation or Purpose:

(if applicable)

2nd Organization

Organization Name:

Federal Tax ID Number:

(if known)

Phone:

City:

State:

Zip:

Address:

Available Charitable Account Balance:

%

Special Allocation or Purpose:

(if applicable)

Disclosure

I hereby give permission to have the name and purpose of my fund disclosed in Lutheran Legacy Foundation, Inc. publications.

☐ Yes ☐ No

I wish to have the name of my fund disclosed to benefiting charities.

☐ Yes ☐ No

Assets

Please indicate the amount of your monetary charitable gift:

Charitable gifts may be made using a variety of different assets. Contact Lutheran Legacy Foundation if you would like to donate through other assets such as securities, real estate, life insurance, etc.

Gift Acknowledgement:

I/We hereby make the following donation with the full understanding that it represents an irrevocable donation to the Lutheran Legacy Foundation as a Donor-Advised Fund. I also acknowledge that I have read completely the COMPANION TO THE DONOR-ADVISED FUND and the terms and/or the conditions described therein. I further acknowledge that the Foundation has not rendered any legal or tax advisory service to me and that I should consult with my own advisors to determine the tax or other benefits and consequences of making this gift.

I/We represent that the information provided in this Application is complete and accurate as of the date hereof and will remain so at the time of any additional contributions that I/we may make to the Fund, unless I/we notify the Foundation otherwise in writing.

With my gift, I understand that I will be transferring all ownership and legal control to the Foundation, subject to normal acceptance by an officer of the Foundation, for allocation to a permanent charitable fund at the Foundation. I understand that grants from the fund will be distributed to IRS-qualifying charities in accordance with my wishes, subject to Foundation policies.

Donor's Signature:

Donor's Signature Date:

Proper Consideration:

The assets used to establish your endowment are tax deductible. Therefore, they are non-refundable. Please consider whether or not your gift will cause you financial hardship. The Foundation encourages you to consult with your financial advisor to make sure this is not the case.

To the best of my knowledge this donation will not cause financial hardship.

Donor's Signature:

Donor's Signature Date:

Submit Completed Forms:

Please submit completed forms via one of the following:

email to:
LLF@lutheranlegacyfoundation.org

mail to:
**Lutheran Legacy Foundation
P.O. Box 31
Paris, IL 61944**