



National Charitable Endowment: Donor Application

1. Account Holder

All Account Holders named on the Donor Account have **full and equal privileges**. There can be up to four Account Holders, with one person serving as the Primary Account Holder to whom all Donor Account correspondence will be sent, with the exception of confirmations related to contributions made by Additional Account Holders. Attach additional sheets, if necessary.

Primary Account Holder

First Name: _____ M.I.: _____ Last Name: _____

Social Security or Taxpayer ID Number: _____

Salutation *e.g., Dr. and Mrs. John Jones; Joan and John Jones:* _____

Date of Birth (MM/DD/YYYY): _____ Email: _____

Phone: _____

Citizenship: U.S. citizen U.S. resident alien

Legal Address

Provide the address used for tax reporting. Cannot be a P.O. Box, mail drop, or c/o.

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Mailing Address Same as legal/residential address

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Additional Account Holder *Optional*

First Name: _____ M.I.: _____ Last Name: _____

Social Security or Taxpayer ID Number: _____

Salutation *e.g., Dr. and Mrs. John Jones; Joan and John Jones:* _____

Date of Birth (MM/DD/YYYY): _____ Email: _____

Phone: _____

Citizenship: U.S. citizen U.S. resident alien

Legal Address

Provide the address used for tax reporting. Cannot be a P.O. Box, mail drop, or c/o.

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____



Mailing Address Same as legal/residential address

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

2. Donor Account Name

Grants made to charities are accompanied by a letter that includes the Donor Account name, unless anonymity is specifically requested.

Donor Account Name *e.g., Jones Family Fund*: _____

3. Advisor / Interested Party Information

If an advisor guided you in the decision to establish a Donor Account, please fill out this section. (You may attach additional pages if necessary, or request an additional authorization form from NCE).

Advisor Name: _____ Firm Name: _____

Phone Number: _____ Advisor Email Address: _____

Mailing Address

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Check one.

- Accountant
- Estate planning attorney
- Financial advisor
- Other: _____

Please check all that apply.

I authorize the above advisor / interested party to:

- No independent access.
- Limited Grant Access (able to view my account, but unable view detailed grant history or make grant recommendations).
- Reviewer Grant Access (able to view my account and detailed grant history, but cannot make grant recommendations).
- Full Grant Access (able to view my account and make grant recommendations on my behalf).

And,

- I appoint my advisor as my financial advisor and ask that they direct investments on my behalf, subject to the Investment Advisory Agreement with NCE.



4. Successor Election

Account Holders can name individuals (Individual Account Holders) to succeed them on the Donor Account and/or may recommend IRS-qualified public charities (Charitable Organizations) to receive part or all of the balance and/or may recommend a successor or successor advisor. If no successor is elected upon notification of the death of the last remaining Account Holder, NCE will endeavor to distribute the remaining units in the Donor Account in a manner similar to the donating history of the account. You may specify more than one successor for each option (attach additional sheets), and you may choose any combination of the two successor options. (Total successor allocation among the two options must total 100%.)

A. Successor Account Holder *Attach additional sheets if more than one Account Holder.*

% of Donor Account: _____ %

First Name: _____ M.I.: _____ Last Name: _____

Social Security or Taxpayer ID Number: _____

Date of Birth (MM/DD/YYYY): _____ Email: _____

Relationship to Account Holder: _____

Legal / Residential Address

Provide the address used for tax reporting. Cannot be a P.O. Box, mail drop, or c/o.

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Check one.

Citizenship: U.S. citizen U.S. resident alien

B. Successor Charitable Organization *Attach additional sheets if more than one Account Holder.*

% of Donor Account: _____ %

Organization Name: _____ Federal Taxpayer ID Number *if known*: _____

Phone: _____

Mailing Address

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

COMBINED TOTAL OF SECTIONS A AND B MUST EQUAL 100%

Successor Charitable Organizations are reviewed (1) at initial recommendation, (2) upon the death of the last remaining Account Holder and (3) before every recommended or scheduled grant distribution.



5. Investment Pool Selection (optional)

If you are not working with a financial advisor and would like to select one of NCE's offered investment options, please recommend how to allocate your contribution by choosing from the options listed below (alone or in combination) in Option 1 or 2. Combined total must be 100%. Assets will be held in a cash account for your DAF until you notify us regarding your preferences. Please review [pool descriptions on the NCE website](#) before making your recommendation. Note that additional investment administration fees may apply. If you and/or your financial advisor will be overseeing a custom allocation for your Donor Account, please select Option 3. Options 1, 2 and 3 may be combined.

Option 1: Asset Allocation Pools

- _____ % Growth (80% diversified equities / 20% fixed income)
- _____ % Balanced (60% diversified equities / 40% fixed income)
- _____ % Conservative (35% diversified equities / 65% fixed income)

Option 2: Single Asset Class Pools

- _____ % US Equity Index
- _____ % International Equity Index
- _____ % US Bond Index
- _____ % US Short Term Bond Index
- _____ % Dividend Appreciation Index
- _____ % Money Market

Option 3: Other

- _____ % Other (*Select this option if you or your financial advisor will be recommending a custom allocation for your Donor Account. Please contact NCE for further information.*)

Combined Total Must Equal 100%

6. Signatures and Date

By signing below, you:

- Understand that any contribution, once accepted, represents an irrevocable contribution to National Charitable Endowment and is not refundable.
- Certify that to the best of your knowledge all information presented in connection with this form is accurate.
- Will promptly notify National Charitable Endowment in writing of any changes.
- Certify that neither you nor anyone else will receive any impermissible benefit (e.g., tuition, membership fees with more than incidental benefits (see end of this paragraph), dues, admission to a charitable or other event, goods bought at auction) from the recommended charitable organization from grants, if distributed. Examples of permissible benefits include benefits that are not more than incidental, such as free or discounted admission, free or discounted parking, token logo-bearing key chains, caps, T-shirts, and calendars.
- Certify that grants will not fulfill all or a portion of a pledge to the charitable organization.
- Acknowledge that grants do not entitle you or any other person to an income tax charitable deduction,



because the donor was eligible to take a deduction at the time of the contribution(s) to National Charitable Endowment. Any tax receipt that may be received from the recommended charity will be disregarded.

- Certify that if the grants you are recommending is for a supporting organization, neither you nor any other Account Holders on the Donor Account, nor any parties related to you or to any other Account Holders on the Donor Account, directly or indirectly control any supported organization of the recommended grant recipient. Supporting organizations are 501(c)(3) public charities that typically carry out one or more functions of their supported public charity (e.g., an alumni association that fundraises for a university, or a parent-teacher association that performs certain functions at a school).

Account Holder Name: _____

Account Holder Signature: _____

Date (MM/DD/YYYY): _____