

# National Charitable Endowment: Donor Application

## 1. Account Holders

All account holders have **full and equal privileges**. National Charitable Endowment ("NCE") allows up to four account holders per account, with one donor-advisor serving as the primary account holder to whom all account correspondence will be sent, with the exception of confirmations related to contributions made by additional account holders. Please attach additional sheets as 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. Account Name

Grants made to charities are accompanied by a letter that includes the 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 Advised Fund, 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 receive:*

- No access.
- Inquiry Access (authorized to access an account and view all account history.)
- Transactional Access (authorized to access an account, view account history, and confer grant recommendations.)
- Investment Access (authorized to act as a financial advisor and direct investments subject to the NCE Investment Advisory Agreement.)

***(continues to next page)***

#### 4. Successor Election

Account holders can nominate individuals to succeed them as an account holder to their Donor Advised Fund and/or may recommend IRS-qualified public charities (Charitable Organizations) to receive part or all of an account's balance upon the passing of all account holders. If no successor election is indicated, upon notification of the death of the last remaining account holder NCE will endeavor to distribute the remaining balance in a manner consistent with the granting history of the account. You may specify more than one successor for each option, and you may choose any combination of the two successor options. Total successor allocation among the two options must total 100%. Please attach additional sheets as necessary.

##### A. Successor 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

% 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.

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## 5. Investment Pool Selection (Optional)

Please recommend how to allocate your initial contribution by choosing one or a combination of the options listed below; the combined total must equal 100%. Contributed assets will be held in-kind (contributions of securities) or in an interest bearing cash account (cash contributions) for your DAF unless/until NCE receives further instruction.

Please review [pool descriptions on the NCE website](#) before selecting your recommendation.

### Option 1: Single Asset Class Pools

- \_\_\_\_\_ % *Global Equity Index*
- \_\_\_\_\_ % *Domestic Equity Index*
- \_\_\_\_\_ % *International Equity Index*
- \_\_\_\_\_ % *Fixed Income Index*
- \_\_\_\_\_ % *Money Market*
- \_\_\_\_\_ % *Bitcoin (Spot)*

*\*Balances invested in Single Asset Class Pools are assessed an investment fee of 0.1%*

### Option 2: Asset Allocation Pools

- \_\_\_\_\_ % *80% Equity/20% Fixed Income Fund*
- \_\_\_\_\_ % *60% Equity/40% Fixed Income Fund*
- \_\_\_\_\_ % *40% Equity/60% Fixed Income Fund*
- \_\_\_\_\_ % *Crypto 10 Fund*

*\*Balances invested in Asset Allocation Pools are assessed an investment fee of 0.25%*

### Option 3: Custom Allocation

- \_\_\_\_\_ %

*Select this option if you or your financial advisor will be recommending a custom allocation for your Donor Advised Fund.*

*\*Balances for which NCE serves as the advisor of record are assessed an investment fee of 0.35%*

***(signature page follows)***

## 6. Signatures and Date

By signing below you:

- Understand that any contribution, once accepted, represents a final and irrevocable contribution to National Charitable Endowment.
- 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 to the information requested above.
- Acknowledge that all investment recommendations are subject to NCE approval and that all investment recommendations are executed on a best efforts basis.
- Agree to indemnify and hold harmless NCE, it's directors, employees, and/or agents against any/all loss, liability, or claim arising out of or based upon any act on the part of NCE in carrying out its duties with respect to evaluating and/or executing investment recommendations.
- Certify that neither you nor others will receive any impermissible (more than incidental) benefit from grants, if/ when distributed.
- Acknowledge that grant recommendations cannot be used to fulfill all or a portion of a binding pledge.
- Acknowledge that grants from a Donor Advised Fund do not entitle you nor others to a charitable tax 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 a charity as a result of a grant recommendation will be disregarded.
- Certify that, with respect to a grant recommended to a supporting organization, neither you nor any other account holder, nor any parties related to you or an account holder, directly or indirectly control any supported organization of a recommended grant recipient.

### Primary Account Holder

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

### Additional Account Holder

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_