



Great Commission Donor Advised Fund Application

Please complete this application to establish a Great Commission Donor Advised Fund (Fund) with The Cru Foundation. Please send the completed application by email, mail or fax at info@crufoundation.org or 407 541-5106

| Fund Name | | | | | | |
|----------------------|-----------------------------|-------------|-----------------|------------------|------------|-----|
| Fund Name (for exam | ple The Paul and Mary Ow | vens Giving | Fund or The Mus | stard Seed Fund) | | |
| Fund Advisors | | | | | | |
| Primary Fund Advisor | | | Additional Fund | Advisor | | |
| Address | | | Address | | | |
| City | State | Zip | City | State | | Zip |
| Home Phone | Cell Phone | | Home Phone | | Cell Phone | |
| Email Address | | | E-mail address | | | |
| Interested Party (| Access to account is inforn | national on | y.) | | | |
| Address | | | | | | |
| City | | State | | Zip | | |
| Work Phone | | Cell Ph | one | | | |
| Email Address | | | | | | |
| Relationship to Fund | Advisors | | | | | |

Contribution

| Type of Asset | Asset Value | Cost Basis |
|-------------------------|---|---|
| Cash | | N/A |
| Stock or Mutual Fund | | |
| Description: | | |
| | | |
| | | |
| Gold or silver | | |
| | | |
| | | |
| | | |
| | | |
| Investment Options | | |
| | n is more than \$200,000 you may reco \$200,000 will be invested in the Cons | |
| ☐ Ultra Conservative | (100% Cash) | |
| ☐ Conservative (15% | Cash, 85% Fixed Income) | |
| ☐ Moderate (40% Eq | uities, 60% Fixed Income) | |
| ☐ Growth (60% Equit | ies, 40% Fixed Income) | |
| Charities - Potential G | ift Recipients | |
| | outside of Cru to which you plan to mees. You may change recommended | ake gifts. This information helps us review grantees at any time. |
| Ministry Name | Address | Phone |
| Contact Person | | Tax I.D. Number |
| Ministry Name | Address | Phone |
| Contact Person | | Tax I.D. Number |

| Ministry Name | Add | ress | | Phone | |
|---|--|-----------|--|-------------------|--------------|
| Contact Person | | | | Tax I.D. Numb | er |
| Ministry Name | Add | ress | | Phone | |
| Contact Person | | | | Tax I.D. Numb | er |
| Ministry Name | Add | ress | | Phone | |
| Contact Person | | | | Tax I.D. Numb | er |
| Succession Planning |) | | | | |
| You may choose <u>one</u> | of the following thr | ee Succe | ssion Planning option | S. | |
| remaining funds in y ☐ I would like any re | to four successor our Fund. emaining funds div | ided equa | who will give us instrually into separate accordince of at least \$5,000 | ounts with the fo | |
| Successor Advisor | Rela | ationship | Successor Advisor | | Relationship |
| Address | | | Address | | |
| City | State | Zip | City | State | Zip |
| Home Phone | Cell Phone | | Home Phone | Cell F | Phone |
| Email Address | | | E-mail address | | |
| Successor Advisor | Rela | ationship | Successor Advisor | | Relationship |
| Address | | | Address | | |
| City | State | Zip | City | State | Zip |
| Home Phone | Cell Phone | | Home Phone | Cell F | Phone |
| Email Address | | | E-mail address | | |

2) Charitable Beneficiaries

If you would like your remaining funds to be distributed immediately to your desired charities please list below the charities and percentages. Please ensure that the total distributions equal 100%.

| Ministry Name Address | | Phone | Percentage |
|-----------------------|---------|------------------------------------|------------|
| Contact Person | | Tax I.D. Number | |
| Ministry Name | Address | Phone | Percentage |
| Contact Person | | Tax I.D. Number | |
| Ministry Name | Address | Phone | Percentage |
| Contact Person | | Tax I.D. Number | |
| Ministry Name | Address | Phone | Percentage |
| Contact Person | | Tax I.D. Number | |
| Ministry Name | Address | Phone | Percentage |
| Contact Person | | Tax I.D. Number | |
| | | Total Percentage (must equal 100%) | |

3) Legacy Grant Plan

Establish recurring grants based on a percentage of the remaining account balance for a period of years or as long as the account balance can support \$500 grants. Please complete a *Legacy Grant Application*. www.crufoundation.org/wp-content/uploads/2019/0s/TCF-GCF-Legacy-Grant-Application-2019

Signatures

Name

| www.crufoundation.org/GCDAFagreement) and agr | ree to the terms and/or conditions described therein. I have |
|---|---|
| provided a copy of the Complete Guide to Great Co | ommission Funds (available at www.crufoundation.org/wp- |
| content/uploads/2019/Complete-Guide-to-Great-Co | mmission-Funds) |
| | |
| | |
| Primary Fund Advisor Signature | Dete |
| Primary Fund Advisor Signature | Date |
| | |
| | |
| Additional Fund Advisor Signature | Date |
| | |
| The Great Commission Foundation of Campus Crus | sade for Christ, Inc. D/B/A The Cru Foundation |
| | |
| | |
| Ву | Date |
| БУ | Date |
| | |
| | |

Title

I acknowledge that I have read the Great Commission Donor Advised Fund Agreement (available at

have been