

National Outreach Foundation, a Donor Advised Family Foundation

Donor Application

Section A: Donor Facts

Each donor establishing an Advised Family Foundation has the opportunity to recommend grant distributions and to appoint Successor Fund Advisors for that Fund. If there are two or more donors, please print and attach additional sheets, if necessary. Donor 1 will receive all necessary Fund correspondence. For married couples, both spouses will be considered donors unless specifically excluded. Please list information on both spouses in Donor 1 and Donor 2 sections. Additionally, there can be more than 2 donors. If so please attach additional sheets with the necessary information.

| Donor 1: | Donor 2 |
|-------------------------------------|-------------------------------------|
| Name (first, middle and last): | Name (first, middle and last): |
| Name to be used for correspondence: | Name to be used for correspondence: |
| Mailing address: | Mailing address: |
| City, State, Zip: | City, State, Zip: |
| Social Security Number (required): | Social Security Number (required): |
| Date of Birth: | Date of Birth: |
| E-mail Address: | E-mail Address: |
| Home Phone: Work Phone: | Home Phone: Work Phone: |
| Other Phone (Please specify) | Other Phone (Please specify) |

| Successor Fund Advisor | |
|------------------------------------|--|
| Name (first, middle, last): | Date of Birth: Age: |
| Relationship to Donor: | E-mail Address: |
| Mailing Address: | Home Phone: Work Phone: |
| City, State, Zip: | Other phone (Please specify) |
| Social Security Number (required): | |

Section B: Foundation Name:

Donors have the privilege of naming their Advised Family Foundation. All grants made to charities from your Fund are accompanied with a letter highlighting the name of your Fund, (e.g. "The Jones Family Foundation") and the name of the donor (s) recommending the distribution, unless an anonymous grant is requested.

Foundation Name:

Section C: Foundation Type

Please indicate which type of foundation you desire to establish:

- ___ Endowed Principle and Growth Fund (Income Granting);
- ___ Endowed Principle Fund (Income & Growth Granting);
- ___ Pass-Through Fund (Principle, Income & Growth Granting)

Section D: Contribution

To contribute by cash check or wire:

- Check: \$ _____ (Make Payable to National Outreach Foundation)

Section E: Advised Family Foundation Investments: (Please Check one)

- I, the donor, would like The National Outreach Foundation to determine, with or without a recommended financial advisor appointed by me, the investment policy and selections it feels will best achieve our agreed upon goals and objectives.
- Please consult with _____ at the financial firm of _____ as you manage the assets in my Fund account.
- I would like to determine the investment policy and selections for my Advised Family Foundation.

| | | | |
|--|---------------------|-------------------|-------------------|
| To contribute securities or mutual funds: | | | |
| Firm Name | Name of Security #2 | | |
| Broker Name | Account Number | | |
| Broker's Phone | Number of Shares | Approximate Value | Cost Basis |
| Name of Security #1 | Name of Security #3 | | |
| Account Number | Account Number | | |
| | \$ | \$ | \$ |
| Number of Shares | Approximate Value | Cost Basis | Number of Shares |
| | | | Approximate Value |
| | | | Cost Basis |

| | | | |
|--|-------------------|------------|-------------------|
| To Contribute stock certificates held in personal possession: | | | |
| Name of Stock #1 | Name of Stock #2 | | |
| Account Number | Account Number | | |
| | \$ | \$ | \$ |
| Number of Shares | Approximate Value | Cost Basis | Number of Shares |
| | | | Approximate Value |
| | | | Cost Basis |

Section F: Acknowledgement & Signature (s)

I acknowledge that I have read National Outreach Foundation's Policies and Procedures for Advised Family Foundations and hereby agree with its terms. I also express my desire to support The National Outreach Foundation's charitable mission and objectives, especially their programs to assist and benefit charities that I recommend. I understand that any contribution, once accepted by the trustees, directors or officers of The National Outreach Foundation represents an irrevocable contribution to The National Outreach Foundation and is not refundable to me. I hereby certify that, to the best of my knowledge, all information presented in connection with this application is accurate, and I will promptly notify The National Outreach Foundation in writing of any changes. I acknowledge that my new Advised Family Foundation account will incur a one-time \$1,000 set-up fee to be allocated to the National Outreach Foundation.

Donor 1

Signature _____ **Date** ____/____/____

Donor 2

Signature _____ **Date** ____/____/____

Section G: Referral

How did you hear about The National Outreach Foundation?

If a professional advisor referred you, please provide his or her name and daytime telephone number:

Advisor Name: William Lindsey_____

Daytime Phone: (909)335-6800_____