

6. Financial Advisor Information (If applicable)

If you work with a financial advisor whom you choose to have access to your account, please fill out this section to give your advisor permission for account access. This will entitle them to make asset allocation recommendations only.

Type of Advisor: Accountant Attorney Financial Planner
 Investment Manager Other (specify) _____

Professional Advisor Name _____ Firm Name _____

Mailing Address: including PO Box, street address, suite number _____

City _____ State _____ Zip _____

Telephone _____ Email _____

7. Signatures

I/We hereby make the following donation with the full understanding that it represents an irrevocable donation to the Presbyterian Foundation's *Creative Gift Fund*. I also acknowledge that I have read completely the Program Guide and the terms and/or the conditions described therein. I acknowledge that I have received the Foundation's Privacy Notice with this application and have read and understand the information contained in the Privacy Notice. 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.

Primary Donor Signature (Required) _____ Date _____

Joint Donor/Signature (Required, if gift is made by joint donors) _____ Date _____



Creative Gift Fund Application

Please complete the following application to establish a Creative Gift Fund with the Presbyterian Foundation. For complete policies and Fund information, please read the Creative Gift Fund Program Guide. If you need assistance in completing this form, please contact us at 800-858-6127.

1. Creative Gift Fund Donor & Advisor Information

Primary Donor & Advisor

Title _____ First Name _____ Initial _____ Last Name _____

Date of Birth _____ Social Security Number _____

Address: including PO Box, street address, suite or apartment number _____

City _____ State _____ Zip _____

Home Telephone _____ Business/Cell _____ Fax _____

Email address (Required to access your account online) _____

Please set up online access.

Preferred Method of Contact (check one)

Email Home Phone Business/cell Phone Mail

Joint Donor & Advisor

Title _____ First Name _____ Initial _____ Last Name _____

Date of Birth _____ Social Security Number _____

Address: including PO Box, street address, suite or apartment number _____

City _____ State _____ Zip _____

Home Telephone _____ Business/Cell _____ Fax _____

Email address (Required to access your account online) _____

Please set up online access.

Preferred Method of Contact (check one)

Email Home Phone Business/cell Phone Mail

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

2. Creative Gift Fund Information

What would you like to name your fund? _____

For example: Jones Family Fund, State Street Church Fund, etc. The Fund name will appear on all Fund correspondence, as well as all correspondence that accompanies grants (distributions) from the Fund. If you prefer to be anonymous, please indicate this preference when you make a grant recommendation.

3. Contribution Information

The initial contribution to establish a Creative Gift Fund is \$2,500. Please refer to the Creative Gift Fund's Program Guide for information on the types of gifts the Foundation can accept.

Please check the type of contribution you will be making:

- Check(s) in the amount of \$ _____**
Check(s) should be made payable to *Presbyterian Foundation*. Please include the Fund Name in the memo section on the check. Mail to the Foundation at 200 East Twelfth Street, Jeffersonville, IN 47130.
- Funds wired in the amount of \$ _____**
Please visit www.PresbyterianFoundation.org for wiring instructions; click on *Make a Contribution*.
- Transfer assets from another donor advised fund**
Please contact a Foundation representative at 800-858-6127, ex.5919.
- Credit card gift**
 Visa MasterCard Discover American Express
Name on Card _____
Card # _____
Exp. Date _____ 3-digit security code _____
- Publicly traded securities or mutual fund shares**
Name of stock or mutual fund _____
Number of shares _____
Please visit www.PresbyterianFoundation.org for security transfer instructions; click on *Make a Contribution* or contact the Foundation at 800-858-6127, ex 5919.
- A non-liquid gift, such as real estate, artwork, etc.**
Please contact the Foundation at 800-858-6127, ex.8969.
- A Trust Revocation Notification must be completed if the Gift assets are titled to a revocable trust.**
Please visit www.PresbyterianFoundation.org for the required form; click on *Make a Contribution* or contact the Foundation at 800-858-6127, ex 5919.

4. Investment Recommendation

Recommendations and actual reallocation are subject to Foundation approval. Contributions, grants, and investment activity may affect the actual date of investment allocation. Primary Advisors are welcome to make asset allocation recommendations by using more than one portfolio to reflect the expected timing and amount of their grant recommendation. If no choice is made, the assets will be invested in the Money Portfolio. Percentages listed below are for the initial account set-up. The Primary Advisor may recommend asset allocation changes monthly.

Choose from the following options.	Please indicate percentages.
<input type="checkbox"/> Money Portfolio Seeks to preserve the nominal or par value of assets and to provide income commensurate with money market rates.	_____ %
<input type="checkbox"/> Income Portfolio Seeks current income that is commensurate with a quality bond portfolio while pursuing investments that are consistent with social-witness principles approved by the General Assembly of the Presbyterian Church (U.S.A.).	_____ %
<input type="checkbox"/> Equity Portfolio Seeks returns that are commensurate with a diversified portfolio of stocks issued by domestic and international companies while pursuing investments that are consistent with social-witness principles approved by the General Assembly of the Presbyterian Church (U.S.A.).	_____ %

5. Successor Advisor Information

You may wish to provide the Foundation with a "succession plan" for the Creative Gift Fund you establish, in the event of your death or incapacity. There are two 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.
- If no option is chosen, your Fund will be distributed to the Presbyterian Church (U.S.A.).

Please complete either Section A or Section B below.

A. Name Successor Advisors for your Fund

If no percentages are entered, the Foundation will accept advice from one or both of the Successor Advisors for the Fund balance.

Successor Advisor _____ % of Fund balance Title _____ First Name _____ Initial _____ Last Name _____ Date of Birth _____ Social Security Number _____ Address: including PO Box, street address, suite or apartment number _____ City _____ State _____ Zip _____	Successor Advisor _____ % of Fund balance Title _____ First Name _____ Initial _____ Last Name _____ Date of Birth _____ Social Security Number _____ Address: including PO Box, street address, suite or apartment number _____ City _____ State _____ Zip _____
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B. Distribute to a Ministry or Charity

You may name as many as 5 charities. Please indicate percentage of distribution to each. Please photocopy this sheet if you need additional space. In the event the charity no longer exists, the Presbyterian Foundation will award grants to charities similar to the original charity.

Organization Name _____ Address: including PO Box, street address, suite number _____ City _____ State _____ Zip _____ Phone or Employer Identification Number (Required) _____ Please indicate percentage of distribution _____ %	Organization Name _____ Address: including PO Box, street address, suite number _____ City _____ State _____ Zip _____ Phone or Employer Identification Number (Required) _____ Please indicate percentage of distribution _____ %
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