

1 - Create The Irrevocable Donor Advised Fund

What would you like to name the Fund? _____

EXAMPLE: Jones Family Giving Fund; Proverbs 16:7 Fund; The Main Street Church Fund, etc. The Fund name and your name will appear on all Fund correspondence, as well as all correspondence that accompanies grants (distributions) from the Fund (unless you request anonymity).

I prefer that all grants from this Donor Advised Fund (named above) be anonymous.

2 - Account Holder(s) Information

PRIMARY DONOR

Title First Name Initial Last Name

Date of Birth Social Security Number

Address: Including P.O. Box, Street Address, Suite or Apt #

City State Zip

Primary Phone Number

Email Address

ADDITIONAL PRIMARY DONOR

Title First Name Initial Last Name

Date of Birth Social Security Number

Address: Including P.O. Box, Street Address, Suite or Apt #

City State Zip

Primary Phone Number

Email Address

Relationship to Primary Donor

3 - Referral Information

I learned about creating an Orchard Alliance Donor Advised Fund from:

Online Charity Representative Marketing Mailings Other: _____

4 - Advisory Information

Only complete if different than Primary Donor(s):

PRIMARY ADVISOR

Title	First Name	Initial	Last Name
Date of Birth		Social Security Number	
Address: Including P.O. Box, Street Address, Suite or Apt #			
City	State	Zip	
Primary Phone Number			
Email Address			
Relationship to Primary Donor			

SECONDARY ADVISOR

Title	First Name	Initial	Last Name
Date of Birth		Social Security Number	
Address: Including P.O. Box, Street Address, Suite or Apt #			
City	State	Zip	
Primary Phone Number			
Email Address			
Relationship to Primary Donor			

5 - Successor Advisors

Please list individuals who will have advisory rights in the event of you or your primary advisor(s) incapacity or death. If no successor advisor is desired, please skip this section and go directly to Section 6.

Title	First Name	Initial	Last Name
Date of Birth		Social Security Number	
Address: Including P.O. Box, Street Address, Suite or Apt #			
City	State	Zip	
Primary Phone Number			
Email Address			

Title	First Name	Initial	Last Name
Date of Birth		Social Security Number	
Address: Including P.O. Box, Street Address, Suite or Apt #			
City	State	Zip	
Primary Phone Number			
Email Address			

Donor-imposed restrictions for successor advisor(s) to follow (upon incapacity or death):

Orchard Alliance reserves the right to exercise ultimate discretion in regard to implementing donor-imposed restrictions on grants.

6 - Recommended Charitable Beneficiaries

Please list your recommendation of Charitable Beneficiaries to receive any remaining assets in the event of you or your primary advisor(s) incapacity or death. This will only be utilized if Section 5 above is not completed or in the situation where the listed successor advisor(s) either predecease the Primaries or are unwilling to serve.

BENEFICIARY 1

Organization Name

Address: Including P.O. Box, Street Address, Suite or Apt #

Specific Designation / Use of Funds

Percentage to this Organization

BENEFICIARY 2

Organization Name

Address: Including P.O. Box, Street Address, Suite or Apt #

Specific Designation / Use of Funds

Percentage to this Organization

BENEFICIARY 3

Organization Name

Address: Including P.O. Box, Street Address, Suite or Apt #

Specific Designation / Use of Funds

Percentage to this Organization

BENEFICIARY 4

Organization Name

Address: Including P.O. Box, Street Address, Suite or Apt #

Specific Designation / Use of Funds

Percentage to this Organization

BENEFICIARY 5

Organization Name

Address: Including P.O. Box, Street Address, Suite or Apt #

Specific Designation / Use of Funds

Percentage to this Organization

BENEFICIARY 6

Organization Name

Address: Including P.O. Box, Street Address, Suite or Apt #

Specific Designation / Use of Funds

Percentage to this Organization

Check this box and use Additional Beneficiary Form (if naming more than six beneficiaries).

You can find the form at orchardalliance.org/additional-beneficiaries

7 - Investment Information

Your Donor Advised Fund may be invested for stability of principal or for growth potential. **Funds with balances less than \$25,000 will automatically default to the fixed income option, those with balances of \$25,000 or more may recommend a preferred investment strategy from any of the investment models listed below.** Please select the one investment model that best fits your desired strategy. Orchard Alliance reserves the right to choose a different model should circumstances so dictate. The five investment models are diversified among global equities, US equities, and fixed income alternatives. Changes to your investment option may be made only once every 30 days.

ORCHARD ALLIANCE COMPREHENSIVE SCREENED MODEL

(Select one)

- % Aggressive - Equity/Fixed - 90/10
- % Moderately Aggressive - Equity/Fixed - 70/30
- % Moderate - Equity/Fixed - 55/45
- % Moderately Conservative - Equity/Fixed - 40/60
- % Conservative - Equity/Fixed - 25/75
- % ALL Fixed Income - Equity/Fixed - 0/100

8 - Method of Funding

Minimum funding amount is \$10,000. Initial funding amount \$ _____

IMMEDIATE FUNDING:

(Select all that apply)

- Cash
- Charitable Lead Trust
- Non-Cash Property (please describe) _____

DEFERRED FUNDING:

(Select all that apply)

For deferred funding, please attach a copy of the funding documentation.

- Retirement Accounts (Beneficiary Designation)
- Insurance Policies (Beneficiary Designation)
- Annuity Accounts (Beneficiary Designation) Bequest from Will
- Charitable Remainder Trust
- Revocable Living Trust Other (please describe) _____

9 - Signature(s)

If Orchard Alliance is holding non-cash property for the benefit of a DAF, distributions from the DAF will be partially to fully restricted in order for Orchard Alliance to retain a cash balance in the DAF of up to thirty percent (30%) of the market value of the non-cash property being held in order to pay any and all expenses of maintaining the property in good and marketable condition.

STATEMENT OF UNDERSTANDING

By completing and signing this application (or agreement), I certify that I understand the Donor Advised Fund (DAF) I am creating is an irrevocable agreement and that ownership, custody, and control of our donated funds have been given to Orchard Alliance. I hereby acknowledge that I have read Orchard Alliance's Statement of Faith, and I understand that Orchard Alliance's adherence to such Statement of Faith will be the basis upon which distributions to charitable beneficiaries will be evaluated. I also understand that any requested distributions to charities whose mission is determined by Orchard Alliance's Board of Directors to be antithetical to Orchard Alliance Statement of Faith will be disqualified as beneficiaries under the DAF administered by Orchard Alliance. I will abide by the DAF policies as set forth by Orchard Alliance and understand that those policy restrictions may exceed the minimum government requirements. I understand fees will be charged for administering this account, and I acknowledge and have read the current fee schedule. I acknowledge that our communication with Orchard Alliance regarding the administration of this account will be advisory only and that the ultimate decisions and discretion regarding these funds is the responsibility of Orchard Alliance. Even though the DAF is irrevocable, to ensure that the fund is a qualified component of the DAF Charity for federal tax purposes, the DAF Charity, acting alone, shall have the power to modify the terms of the agreement solely to the extent required to ensure such qualification. This agreement shall be governed by the laws of the State of Colorado.

PRIMARY DONOR

Primary Donor Name *Please Print*

Primary Donor Signature

Date

City State Zip

ADDITIONAL PRIMARY DONOR

Additional Donor Name *Please Print*

Additional Donor Signature

Date

City State Zip

ORCHARD ALLIANCE REPRESENTATIVE

Orchard Alliance Representative *Please Print Name*

Orchard Alliance Representative Title

Orchard Alliance Representative Signature

Date