

MINISTRY DATAName of Ministry _____
Please enter Ministry's full legal name for the transaction of business

Tax ID Number _____

Mailing Address _____

(If PO Box, Include Street)

Phone _____ Email _____

FUND INFORMATION

Name of Fund _____

PURPOSE OF FUNDTo support the purposes and activities of _____

Check One:

- Restricted - Retain all or partial principal or for a designated purpose*
- Unrestricted - Distributions as recommended by the authorized advisor(s)

DESIRED INITIAL INVESTMENT MODEL *Please complete attached Risk Profile Questionnaire below*

- | | |
|--|--|
| <input type="checkbox"/> All Fixed Income | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Conservative | <input type="checkbox"/> Moderately Aggressive |
| <input type="checkbox"/> Moderately Conservative | <input type="checkbox"/> Aggressive |

If your account is opened with less than \$25,000 it will be automatically invested in our Fixed Income Model.*AUTHORIZED SIGNERS** *Please include completed Authorized Signer Forms for each signer below*

Be it resolved that any one or two or three (cross out the inappropriate numbers) of the following officers are authorized to withdraw funds from this agreement:

Printed Name _____ Printed Name _____ Printed Name _____

Position _____ Position _____ Position _____

BOARD RESOLUTION

Governing body authorization for investment and use of funds.

Resolved, that the above fund advisors are hereby authorized to act individually or jointly on behalf of the ministry to recommend distributions from the fund established with Orchard Alliance and to determine the Orchard Alliance investment model to be used by the fund and that this resolution may be relied on by Orchard Alliance until a written notice of any changes to the fund advisors or to the authority to act has been received by Orchard Alliance.

I, _____, secretary of the _____ (the ministry), hereby certify that the foregoing is a true copy of a resolution duly adopted by the board of directors of the ministry at a meeting held the _____ day of _____, _____, at which a quorum was present, and that the same has not been repealed or amended and remains in full force and effect. I further certify that the authority thereby conferred is not inconsistent with the governing documents of the ministry.

Dated this _____ day of _____, _____.

Please enclose your:

- Mission Statement
- Tax Determination Letter
- *Distribution Policy
- Risk Profile Questionnaire

ORCHARD ALLIANCE MINISTRY GIFT FUND STATEMENT OF UNDERSTANDING

WHEREAS, Orchard Alliance located at 8595 Explorer Dr. Colorado Springs, Colorado 80920 is a 501(c)(3) entity organized and operated exclusively for religious purposes, including the support of like-minded ministries who are qualified and operated as tax exempt entities under the Internal Revenue Code as described in sections 509(a)(1) or 509(a)(2) of the Code to benefit their Christian ministry efforts.

WHEREAS, _____, located at _____ ("the Ministry"), a 501(c)(3) publicly supported organization, desires to provide the opportunity to its donors to make gifts of cash or non-cash property to the Ministry for the benefit of its Christian ministry efforts;

WHEREAS, a Ministry Gift Fund ("the Fund") has been established at Orchard Alliance for the benefit of the Ministry to hold and manage contributions of such gifts of cash and non-cash property; and

WHEREAS, the Fund established by Orchard Alliance shall be held exclusively for the benefit and purposes of the Ministry as long as the Ministry remains a 501(c)(3) exempt entity and such purposes are acceptable to Orchard Alliance and not inconsistent with Orchard Alliance's purposes and Statement of Faith.

THEREFORE, it is understood that Orchard Alliance will receive and receipt donor contributions to the Fund designated for the benefit of the Ministry including assisting with the contribution of non-cash property. Orchard Alliance may also assist the donor, when requested, with establishing other charitable instruments such as charitable gift annuities, charitable trusts, endowments, or donor advised funds.

FURTHER, Orchard Alliance shall hold, invest, and reinvest the amounts in the Fund as part of its managed portfolio. The Fund will be accounted for separately by Orchard Alliance. The Ministry shall have full investment discretion, within the confines of Orchard Alliance's existing investment models. Orchard Alliance shall invest and reinvest the Fund, according to the guidelines of the Uniform Prudent Investor Act. The Fund shall be irrevocable in nature.

FURTHER, distributions of income and/or principal from the Fund will be made in harmony with the general principles found in a separate written distribution policy provided by the Ministry and agreed to by Orchard Alliance subject to the following, which may be updated as needed. If Orchard Alliance is holding non-cash property for the benefit of the Ministry, distributions from the Fund will be partially or fully restricted in order for Orchard Alliance to maintain a cash balance in the Fund of up to thirty percent (30%) of the market value of the non-cash property being held in order to pay any and all the expenses of maintaining the property in good and marketable condition.

FURTHER, Orchard Alliance shall provide the Ministry or its authorized designee with periodic accounting statements of the Fund's activity including receipts, disbursements, and resulting balances. All fees and expenses attributable to the Fund including fees for investment advising services shall be paid from the assets of the Fund in accordance with Orchard Alliance's current Schedule of Fees. The Schedule of Fees is not an exhaustive list of service fees and is subject to periodic revision by Orchard Alliance.

FURTHER, Orchard Alliance must review all marketing and/or fundraising materials developed by the Ministry relating to the services of Orchard Alliance prior to printing or distribution.

This Statement of Understanding is executed by Orchard Alliance and the Ministry
on the _____ day of _____, _____.

ORCHARD ALLIANCE

(The Ministry)

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

The purpose of this questionnaire is to act as a guide in selecting the most suitable investment strategy for this account. There are many factors that need to be considered when choosing an investment strategy, including: the goal you are investing towards, the time horizon for the account and your risk tolerance. The questions below will help determine your risk profile. Your total score will match one of our investment allocations. You can use this score to select the investment allocation or you can review the descriptions of each allocation on page three and then select the investment allocation that best describes your investment objectives.

SECTION 1 - TIME HORIZON

ENTER SCORE

1) When will distributions begin from this account:

2 years or less	1
3-5 years	3
6-10 years	7
11 years or more	10

1) _____

2) Once distributions begin, how long will they need to last:

2 years or less	0
3-5 years	1
5-10 years	4
10-20 years	8
20 years or more	10

2) _____

ENTER TOTAL POINTS FROM QUESTIONS 1-2. TOTAL TIME HORIZON SCORE

SECTION 2 - RISK TOLERANCE

ENTER SCORE

3) I would describe my knowledge of investments as:

None	1
Limited	2
Good	5
Extensive	8

3) _____

4) Seeking to maximize safety can lead to earning less than the inflation rate. With respect to your goals for this account, which of the following is most true?

Inflation is not a primary concern. I do not want to add additional risk regardless of the loss of purchasing power.	0
It is important that the value of our investments keep pace with inflation.	4
It is important that our investments grow faster than inflation.	7

4) _____

5) What is the approximate amount of negative return that you might be willing to tolerate in any one-year period before changing your investments?

ENTER SCORE

Less than (5%)	1
(5%) - (10%)	3
(10%) - (15%)	5
(15%) - (25%)	7
More than (25%)	10

5) _____

6) Assuming normal market conditions, what do you expect from the investment portfolio over time?

To have a high degree of stability, but make small profits.	1
To have some stability, but make modest profits.	2
To trail the stock market but make a good profit.	6
To generally keep pace with the stock market.	8

6) _____

7) If your investments suddenly declined by 20%, which statement best describes your most likely reaction?

Sell all my shares	2
Sell some of my shares	4
Do nothing	6
Buy more shares	10

7) _____

ENTER TOTAL POINTS FROM QUESTIONS 3-7. TOTAL RISK TOLERANCE SCORE

Find the recommended allocation by finding the intersection of your Time Horizon Score (across the top) and your Risk Tolerance Score (left side). Read the Investment Selection description on page 3 to validate your understanding and agreement with the recommended allocation.

		TIME HORIZON SCORE				
		0-2	3-6	7-9	10-14	>14
RISK TOLERANCE SCORE	<15	100% fixed	Conservative	Moderately Conservative	Moderate	Moderate
	16-21	100% fixed	Conservative	Moderately Conservative	Moderate	Moderately Aggressive
	22-27	Conservative	Moderately Conservative	Moderately Conservative	Moderate	Moderately Aggressive
	27-32	Conservative	Moderate	Moderate	Moderately Aggressive	Aggressive
	>32	Conservative	Moderate	Moderate	Aggressive	Aggressive

INVESTMENT SELECTION

Initial next to your selected model, sign and date at the bottom of the page

_____ **ALL FIXED INCOME** - This allocation's goal is protection of principal. Those choosing this allocation are not willing to suffer any principal loss. The target allocation for this extremely conservative strategy has an allowable range of 0% equity and 100% fixed income.

_____ **CONSERVATIVE** - This allocation's primary goal is protection of principal with minimal capital appreciation. Those choosing this allocation are willing to achieve investment returns that are low, or even negative, in exchange for reduced risk and high liquidity. The target allocation for this conservative strategy has an allowable range of 15-35% equity sector and 65-85% fixed income.

_____ **MODERATELY CONSERVATIVE** - This allocation's goals are modest capital appreciation with some income generation. Those choosing this allocation are willing to absorb some level of volatility and risk of principal loss. The target asset allocation for this moderately conservative strategy has an allowable range of 30-50% equity sector and 50-70% fixed income.

_____ **MODERATE** - This allocation's goals are a balance of capital appreciation and income generation. Those choosing this allocation should be willing to absorb a medium level of volatility and risk of principal loss. The target asset allocation for this moderate strategy has an allowable range of 45-65% equity sector and 35-55% fixed income.

_____ **MODERATELY AGGRESSIVE** - This allocation's primary goal is growth of principal with income secondary. Those choosing this allocation should be willing to assume a high level of portfolio volatility and risk of principal loss. The target allocation for this moderately aggressive strategy has an allowable range of 60-80% equity sector and 20-40% fixed income.

_____ **AGGRESSIVE** - This allocation's primary goal is above-average growth of principal. Those choosing this allocation should be willing to assume a significant level of portfolio volatility and risk of principal loss. The target allocation for this aggressive strategy has an allowable range of 80-100% equity sector ETF's and fixed income.

Name _____

Signature _____

Date _____

Important note: If Orchard Alliance is the fiduciary or sponsor of any account, as in the case of trusts, endowments and donor advised funds, we will do our best to manage funds in accordance with this risk profile. However, markets are unpredictable and subject to volatility so Orchard Alliance may, at times, find it necessary to act in the best interest of both the donor/grantor and beneficiaries and deviate from the intentions expressed in this risk profile questionnaire. Also it is important to note that the fixed income investment is normally held in the securities of Orchard Alliance.

PART I - ORGANIZATION

Name _____

Mailing Address _____

City _____ State _____ ZIP _____

PART II - AUTHORIZED SIGNER

Last Name _____ First Name _____ MI _____

Social Security _____ - _____ - _____ Date of Birth _____

Home Mailing Address _____

City _____ State _____ ZIP _____

Primary Phone _____ Secondary Phone _____
 Home Mobile Work Home Mobile Work

Position/Title _____ Email Address _____

Driver's License Number *(please include a copy)* _____

Printed Name _____ Signature _____

PART III - CORPORATE OFFICER AUTHORIZING SIGNER

As a corporate officer of the above Organization, I verify that the attached governing board meeting minutes authorize the above Signer to authorize transactions on, make changes to, set up external bank account relationships for and, in all other ways, act as owner of the Organization's Orchard Alliance accounts.

Signature _____ Date _____

Name of Officer _____ Phone _____

 Copy of Board Meeting Minutes Attached Copy of Authorized Signer's Driver's License Attached Yes No — Designate Authorized Signer as Orchard Alliance Online Administrator

PART I - ORGANIZATION

Name _____

Mailing Address _____

City _____ State _____ ZIP _____

PART II - AUTHORIZED SIGNER

Last Name _____ First Name _____ MI _____

Social Security _____ - _____ - _____ Date of Birth _____

Home Mailing Address _____

City _____ State _____ ZIP _____

Primary Phone _____ Secondary Phone _____
 Home Mobile Work Home Mobile Work

Position/Title _____ Email Address _____

Driver's License Number *(please include a copy)* _____

Printed Name _____ Signature _____

PART III - CORPORATE OFFICER AUTHORIZING SIGNER

As a corporate officer of the above Organization, I verify that the attached governing board meeting minutes authorize the above Signer to authorize transactions on, make changes to, set up external bank account relationships for and, in all other ways, act as owner of the Organization's Orchard Alliance accounts.

Signature _____ Date _____

Name of Officer _____ Phone _____

 Copy of Board Meeting Minutes Attached Copy of Authorized Signer's Driver's License Attached Yes No — Designate Authorized Signer as Orchard Alliance Online Administrator

PART I - ORGANIZATION

Name _____

Mailing Address _____

City _____ State _____ ZIP _____

PART II - AUTHORIZED SIGNER

Last Name _____ First Name _____ MI _____

Social Security _____ - _____ - _____ Date of Birth _____

Home Mailing Address _____

City _____ State _____ ZIP _____

Primary Phone _____ Secondary Phone _____
 Home Mobile Work Home Mobile Work

Position/Title _____ Email Address _____

Driver's License Number *(please include a copy)* _____

Printed Name _____ Signature _____

PART III - CORPORATE OFFICER AUTHORIZING SIGNER

As a corporate officer of the above Organization, I verify that the attached governing board meeting minutes authorize the above Signer to authorize transactions on, make changes to, set up external bank account relationships for and, in all other ways, act as owner of the Organization's Orchard Alliance accounts.

Signature _____ Date _____

Name of Officer _____ Phone _____

 Copy of Board Meeting Minutes Attached Copy of Authorized Signer's Driver's License Attached Yes No — Designate Authorized Signer as Orchard Alliance Online Administrator