



DONOR ADVISED FUND AGREEMENT INDIVIDUALS

For assistance in completing this form, please refer to the Guidance & Explanatory Notes on Page 3.

Section 1 – Donor Advisor Information

| Primary Donor Advisor details | | | | |
|-------------------------------|--|---------------|--|-----|
| First Name | | Last Name | | |
| Address | | | | |
| City | | State | | ZIP |
| Primary Phone | | Primary Email | | |

| Other Donor Advisor details | | | | |
|-----------------------------|--|---------------|--|-----|
| First Name | | Last Name | | |
| Address | | | | |
| City | | State | | ZIP |
| Primary Phone | | Primary Email | | |

| If you have multiple Donor Advisors, do you want their decisions to be made individually or jointly? | |
|--|----------------------------------|
| <input type="checkbox"/> Individually | <input type="checkbox"/> Jointly |

Section 2 – Naming the Donor Advised Fund

| What name should be given to the Donor Advised Fund? (e.g. The Smith Family Fund) |
|---|
| |

Section 3 – Donating funds to the Donor Advised Fund

| How will you be making your initial contribution? | | | |
|---|--------------------------------------|--|----|
| <input type="checkbox"/> | Check | Value: | \$ |
| <input type="checkbox"/> | Securities (e.g. Stocks, Bonds etc.) | Description: | |
| <input type="checkbox"/> | Bequest through my estate | Approximate value: | \$ |
| <input type="checkbox"/> | Other | Please contact BSS to discuss options available. | |

Section 4 – Final Grant Instructions

| | | | |
|--|--|---|--|
| Indicate what should happen with remaining funds in the event of the death of the last Donor Advisor. <i>(Please note you may select both.)</i> | | | |
| <input type="checkbox"/> | Elect Successor Donor Advisor(s) to distribute funds | Please complete the table <i>Elect Successor Donor Advisor(s)</i> . | |
| <input type="checkbox"/> | Name Charitable Organization(s) as beneficiaries | Please complete the table <i>Beneficiary Charitable Organization(s)</i> . | |

| Elect Successor Donor Advisor(s) | | | |
|----------------------------------|--|---------------------|-----|
| Individual 1 | | Relationship to you | |
| Address | | | |
| City | | State | ZIP |
| Primary Phone | | Primary Email | |

| | | | |
|---------------|--|---------------------|-----|
| Individual 2 | | Relationship to you | |
| Address | | | |
| City | | State | ZIP |
| Primary Phone | | Primary Email | |

| Beneficiary Charitable Organization(s) | | | |
|--|-----|-------------------|--|
| Organization Name | | | |
| Address | | % of balance | % |
| City | | Suggested use | |
| State | ZIP | Give anonymously? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|-------------------|-----|-------------------|--|
| Organization Name | | | |
| Address | | % of balance | % |
| City | | Suggested use | |
| State | ZIP | Give anonymously? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|-------------------|-----|-------------------|--|
| Organization Name | | | |
| Address | | % of balance | % |
| City | | Suggested use | |
| State | ZIP | Give anonymously? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|-------------------|-----|-------------------|--|
| Organization Name | | | |
| Address | | % of balance | % |
| City | | Suggested use | |
| State | ZIP | Give anonymously? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 5 – Declaration

I understand that the gift(s) to my Donor Advised Fund is/are an irrevocable donation to the ministries of Believers Stewardship Services, Inc. (BSS) and that any grant recommendation must directly and fully support a charitable program and so a recommendation will not be approved for any of the following reasons:

- To fulfill a pledge that I have already made in my own name.
- To pay for memberships or tickets to galleries, museums, or public broadcasting station; goods at charitable auctions; school tuition; benefit events; or other goods or services.
- To benefit myself or a specific individual.
- To support political campaigns or for lobbying activities.
- To support a private foundation.

Further, I hereby explicitly grant to Believers Stewardship Services, Inc. variance powers to re-direct the use of the donated funds to other Christian ministries. I understand that such variance powers may be utilized by the President of BSS only after obtaining specific authority from the Board of Directors of BSS.

Signature _____

Signature _____

Print Name _____

Print Name _____

Date _____

Date _____

Guidance & Explanatory Notes

Section 1 – Donor Advisor Information

The Donor Advisor is the individual who may make recommendations to Believers Stewardship Services (BSS) about how grants should be made from the Donor Advised Fund (DAF). A DAF may have multiple Donor Advisors, and they do not have to be the individual(s) who open or fund the account. If there are multiple Donor Advisors, you may indicate if all must sign the Grant Recommendation Form.

Section 2 – Naming the Donor Advised Fund

When grants are made from a DAF to charities, a letter accompanies the grant indicating where it has come from. For this and tax reporting reasons, each DAF requires a unique name to identify it. Please note, anonymity may be requested when making grants.

Section 3 – Donating funds to the Donor Advised Fund

A DAF is commonly funded by check, with securities or with a bequest from an estate.

1. If you are donating by check, please ensure the check(s) is/are payable to 'Believers Stewardship Services' and reference the DAF name.
2. If you are donating securities, you also need to complete the *Donor Advised Fund Donation Intake Form*.
3. If you plan to leave a bequest from your estate, you need to include your DAF as a beneficiary.

When donating assets to a DAF, either at creation or any time in the future, the donor will receive a written acknowledgement from BSS.

Funds donated to a DAF are tax deductible because the contribution is irrevocable and is made with the understanding that BSS has complete control and administration over the use of the funds.

At any time the DAF is funded, the Donor Advisor(s) may recommend charitable organizations which they would like to benefit. Donor Advisor(s) provide these recommendations using the *Grant Recommendation Form*. On receipt of the form, BSS will attempt to follow the recommendation if it: does not violate IRS regulations; furthers a charitable purpose; and is in keeping with BSS' mission. If BSS is unable to follow the recommendation, the Donor Advisor(s) will be informed.

Section 4 – Final Grant Instructions

In advance of the Donor Advisor(s) passing away or becoming incapable of making decisions regarding a DAF, you may:

1. Elect one or multiple Successor Donor Advisors to continue making grants, or
2. Name one or multiple charitable organizations to receive part of or all the remaining assets, or
3. A combination of both options 1 and 2.

Upon notification of the death of the last remaining Donor Advisor if no Individual Successors are elected or Charitable Organizations named, Believers Stewardship Services will distribute the remaining balance of the DAF at the discretion of its Board of Directors.

If you have further questions that are not answered in these notes, please do not hesitate to contact us.