



UNITED PENTECOSTAL
FOUNDATION

DONOR ADVISED FUND PROGRAM DONOR APPLICATION

Please Print

1 DONOR ADVISED FUND INFORMATION All advisors named on the Donor Advised Fund have **full and equal privileges**. There can be up to three additional Fund Advisors (4 total), with one person serving as the Primary Fund Advisor to whom all Fund correspondence will be sent, with the exception of confirmations related to contributions made by any Fund Advisor. Please attach additional sheets, if necessary.

PRIMARY FUND ADVISOR

Mr. Mrs. Miss Ms. Dr. Prof.

NAME CITIZENSHIP

- - / /
SOCIAL SECURITY NUMBER DATE OF BIRTH (required)

LEGAL ADDRESS (PO boxes not acceptable)

LEGAL ADDRESS CITY STATE ZIP

MAILING ADDRESS (if different)

MAILING ADDRESS CITY STATE ZIP

() ()
DAY PHONE EVENING PHONE

EMAIL ADDRESS

FUND ADVISOR

Mr. Mrs. Miss Ms. Dr. Prof.

NAME CITIZENSHIP

- - / /
SOCIAL SECURITY NUMBER DATE OF BIRTH (required)

LEGAL ADDRESS (PO boxes not acceptable)

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() ()
DAY PHONE EVENING PHONE

EMAIL ADDRESS

HOW WOULD YOU LIKE TO BE ADDRESSED?

(e.g., Dr. and Mrs. John A. Smith; Joan and John Smith, etc. This will appear on Donor Advised Fund correspondence.)

SALUTATION

2 NAME YOUR DONOR ADVISED FUND (e.g., Smith Family Fund. Grants made to charities are accompanied by a letter including the Donor Advised Fund name, unless anonymity is specifically requested.)

NAME OF FUND

3 DONOR ADVISED FUND TYPE Please indicate the type of Donor Advised Fund you desire to establish.

STANDARD DONOR ADVISED FUND

Primary Advisor, Advisor(s), and Successors can make grant-making recommendations from principal and/or earnings of the Donor Advised Fund.

ENDOWMENT DONOR ADVISED FUND

Restricts all grant-making to an annual maximum percentage payout rate (percentage of fair market value of the Donor Advised Fund valued as of January 1 of each year) or a maximum dollar amount each year.

Choose the maximum percentage payout rate or maximum dollar amount*:

_____% (not less than 4%) OR \$_____.

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LEGACY DONOR ADVISED FUND

Primary Advisor and other current Fund Advisor(s) can make grant-making recommendations from principal and earnings (Standard Donor Advised Fund), but Successor(s) are limited to the annual maximum percentage payout rate or maximum dollar amount each year (Endowment Donor Advised Fund).

Choose the maximum percentage payout rate or maximum dollar amount*:

_____% (not less than 4%) OR \$_____.

FLEXIBLE DONOR ADVISED FUND

Primary Advisor and other current Fund Advisor(s) are restricted in their grant-making to the annual maximum percentage payout rate or maximum dollar amount each year (Endowment Donor Advised Fund), but Successor(s) can make grant recommendations from both principal and earnings (Standard Donor Advised Fund).

Choose the maximum percentage payout rate or maximum dollar amount*:

_____% (not less than 4%) OR \$_____.

* Note: Minimum payout rates established by the Foundation Board are currently 5%. If 5% is chosen as the maximum payout rate, then that amount shall be increased or decreased to match the amount from time-to-time established as the minimum by the Foundation Board. If a dollar amount is chosen and in any year is less than the percentage established by the Foundation Board as the minimum payout rate, then the dollar amount shall be increased to the then minimum payout rate.

4 SUCCESSORS Complete this section to make successor elections and recommendations. The Primary Advisor and Advisor(s) may name individuals to succeed them on the Donor Advised Fund (Successor Fund Advisors), may recommend any qualifying United Pentecostal Church International affiliated or associated organization to receive the remaining balance (Successor Charitable Beneficiaries), or may choose a combination (which total allocation must equal 100%). You may specify more than two Successor Fund Advisors or charitable beneficiaries by attaching additional sheets. Refer to the **Donor Advised Fund Policy Guidelines** for more details. These elections and recommendations may be changed at any time by the Primary Fund Advisor or any Fund Advisor.

SUCCESSOR FUND ADVISOR 1

Mr. Mrs. Miss Ms. Dr. Prof.

NAME _____ CITIZENSHIP _____
- - - - - %*

RELATIONSHIP TO PRIMARY FUND ADVISOR % OF DONOR ADVISED FUND

- - - - - / /
SOCIAL SECURITY NUMBER DATE OF BIRTH (required)

LEGAL ADDRESS (PO boxes not acceptable)

LEGAL ADDRESS CITY STATE ZIP

MAILING ADDRESS (if different)

MAILING ADDRESS CITY STATE ZIP

() ()
DAY PHONE EVENING PHONE

EMAIL ADDRESS _____

SUCCESSOR FUND ADVISOR 2

Mr. Mrs. Miss Ms. Dr. Prof.

NAME _____ CITIZENSHIP _____
- - - - - %*

RELATIONSHIP TO PRIMARY FUND ADVISOR % OF DONOR ADVISED FUND

- - - - - / /
SOCIAL SECURITY NUMBER DATE OF BIRTH (required)

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LEGAL ADDRESS CITY STATE ZIP

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() ()
DAY PHONE EVENING PHONE

EMAIL ADDRESS _____

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**SUCCESSOR CHARITABLE BENEFICIARIES+:
BENEFICIARY 1**

_____ %*
BENEFICIARY % OF DONOR ADVISED FUND
- - ()
FEDERAL TAX ID # (if known) PHONE

MAILING ADDRESS (if different)

MAILING ADDRESS CITY STATE ZIP

BENEFICIARY 2

_____ %*
BENEFICIARY % OF DONOR ADVISED FUND
- - ()
FEDERAL TAX ID # (if known) PHONE

MAILING ADDRESS (if different)

MAILING ADDRESS CITY STATE ZIP

* Combined total of all percentages entered above must add up to 100%.
+ Successor charitable beneficiaries are reviewed at the time of recommendation and again upon the death of the last remaining Fund Advisor prior to distribution.

Note: If the Primary Advisor or Fund Advisor(s) does not name a Successor Fund Advisor or recommend a Successor Charitable Beneficiary, upon notification of the death of the last remaining Fund Advisor, the Trustees will transfer the Donor Advised Fund to the Unrestricted Endowment Fund of the Foundation.

5 IRREVOCABLE CONTRIBUTION (\$5,000 minimum initial gift) Please complete the applicable section below. If your employer matches charitable contributions to donor-advised funds, please include the appropriate company paperwork. Note: Securities held for one year or less are deductible* at the lesser of cost basis or fair market value.

TO CONTRIBUTE CASH:

CHECK: \$ _____

Make payable to **United Pentecostal Foundation**.
Mail check(s) with application.

United Pentecostal Foundation
Attention: Stephen M. Drury
36 Research Park Court
Weldon Spring, MO 63304-5616

(Call the Foundation for current wire instructions)

WIRE: \$ _____

BANK: _____

TO CONTRIBUTE MUTUAL FUNDS OR SECURITIES HELD BY A BROKER:

MUTUAL FUND

FIRM NAME

BROKER NAME

()
BROKER'S PHONE

NAME OF MUTUAL FUND (and symbol, if known)

OUTSIDE FIRM ACCOUNT NUMBER

\$
OF SHARES APPROX. DOLLAR AMOUNT (optional)

SECURITY

FIRM NAME

BROKER NAME

()
BROKER'S PHONE

NAME OF SECURITY (and symbol, if known)

OUTSIDE FIRM ACCOUNT NUMBER

\$
OF SHARES APPROX. DOLLAR AMOUNT (optional)

Provide a copy of the most recent statement from your Broker and we will handle the paperwork for you, or we will provide a letter of instruction for you to sign for your broker.

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TO CONTRIBUTE STOCK CERTIFICATES HELD IN PERSONAL POSSESSION:

NAME OF STOCK	NUMBER OF SHARES	NAME OF STOCK	NUMBER OF SHARES
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Endorse certificate(s) by writing “ (call the Foundation for transfer instructions) ” between the words “appoint” and “attorney” in the space provided on the back of each certificate. **Date and Sign** the certificate exactly as your name(s) appears on the front and have your signature Medallion guaranteed at a financial institution that participates in the Medallion Guarantee Program. Please note: a notary is not a medallion guarantee.

TO CONTRIBUTE RESTRICTED STOCK, PRIVATE PLACEMENTS, OR REAL ESTATE:

Please call a Foundation Representative at 636-229-7981.

6 INVESTMENT RECOMMENDATIONS You may recommend how to allocate your contribution to investment options listed below. If you do not make a recommendation, your contributions will be allocated to the Money Market Pool. Please review pool descriptions before making your recommendation.

To make your investment recommendation(s), choose from Option 1 or Option 2.

Option 1: Asset Allocation Pools

Implement a Donor Advised Fund investment strategy in one easy step with our asset allocation pools. Simply recommend one single pool, and the Foundation will place 100% of your contributions in that pool. Complete Option 1 recommendation form.

Option 2: Individual Investment Selections

Implement a custom strategy by recommending a selection of individual investments. Complete Option 2 recommendation form.

7 SIGNATURE(s) I/We acknowledge I/we have read the **Donor Advised Fund Program Policy Guidelines** and agree to the terms and/or conditions described therein. I/We understand that any contribution, once accepted by the Board, represents an irrevocable contribution to the Foundation and is not refundable to me/us. I/We hereby certify, to the best of my/our knowledge, that all information presented in connection with this application is accurate, and that I/we will promptly notify the Foundation in writing of any changes. (Please attach any additional advisor signatures.)

PRIMARY FUND ADVISOR SIGNATURE	/ / DATE
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FUND ADVISOR SIGNATURE	/ / DATE
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