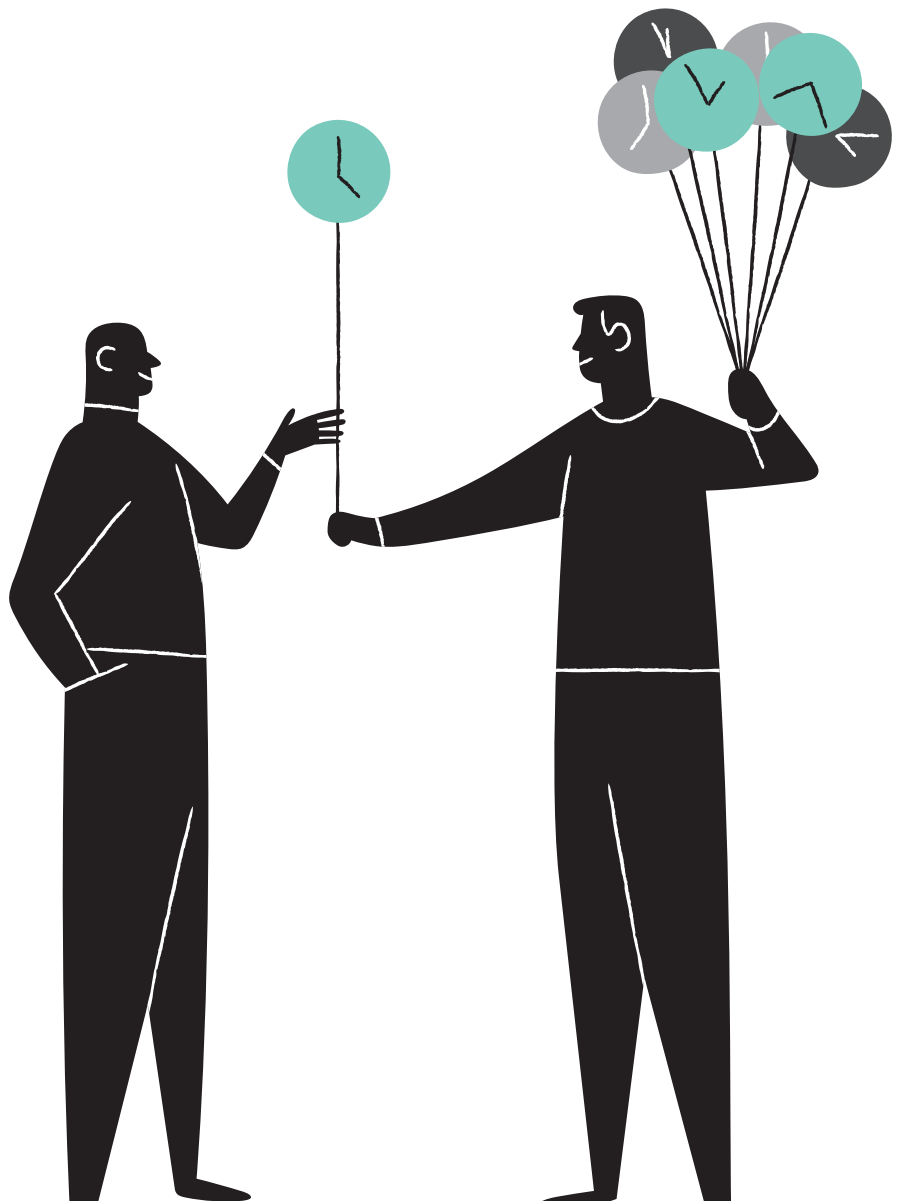


# Create your charitable fund

Donor-advised fund workbook



## A giving solution tailored to your needs

We're committed to helping you live a life of meaning and gratitude by providing flexible and effective charitable solutions. To create your customized donor-advised fund and achieve your charitable goals, follow these simple steps.

For additional information, please review About Your Charitable Fund.

### Step 1: About you

#### First donor

Full name  Mr.  Ms.  Mrs.  Miss  Other \_\_\_\_\_

\_\_\_\_\_  
Date of birth \_\_\_\_\_

#### First donor's primary address

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Business phone \_\_\_\_\_

Email address \_\_\_\_\_

Preferred method of communication (select one)

Home phone  Cell phone  Business phone  Email

#### Faith affiliation (optional)

Denomination/faith group \_\_\_\_\_

#### Alternate address if applicable

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Business phone \_\_\_\_\_

Email address \_\_\_\_\_

Dates for alternate address: From \_\_\_\_\_ To \_\_\_\_\_

#### Additional donor (if applicable)

Full name  Mr.  Ms.  Mrs.  Miss  Other \_\_\_\_\_

\_\_\_\_\_  
Relationship to first donor spouse, child, friend, etc.

\_\_\_\_\_  
Date of birth \_\_\_\_\_

#### Additional donor's primary address

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Business phone \_\_\_\_\_

Email address \_\_\_\_\_

Preferred method of communication (select one)

Home phone  Cell phone  Business phone  Email

#### Faith affiliation (optional)

Denomination/faith group \_\_\_\_\_

## Step 2: Authorize access

List all authorized to discuss your gift with Thrivent Charitable staff. This list may include family members, friends or professional advisors (CPA, attorney, etc.).

Name	Relationship to Donor(s)	Phone/Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Step 3: Your gift

	Approximate Value	Additional Details
Outright gifts that provide immediate charitable support (not a trust, gift annuity or life insurance)		Asset details, e.g., cost basis for securities or real estate, qualified charitable distributions

### Give now

Outright gifts that provide immediate charitable support (not a trust, gift annuity or life insurance.)

- |   |          |       |
|---|----------|-------|
| <input type="radio"/> <b>Cash</b>   | \$ _____ | _____ |
| <input type="radio"/> <b>Securities</b><br>Attach a copy of brokerage statement with shares identified.   | \$ _____ | _____ |
| <input type="radio"/> <b>Real estate</b><br>Contact us for a Real Estate Questionnaire.   | \$ _____ | _____ |
| <input type="radio"/> <b>Qualified IRA distributions</b> to a charitable fund without ongoing advisory privileges.<br>Name your fund at the top of page 5 and complete section B.   | \$ _____ | _____ |
| <input type="radio"/> <b>Complex assets</b> (privately held stock, crops/farm equipment, closely held stock (C-Corp or S-Corp), limited liability company, limited partnership).<br>Contact us for a Complex Asset Questionnaire. | \$ _____ | _____ |
| <input type="radio"/> <b>Life insurance</b> to be owned by Thrivent Charitable Impact & Investing.<br>Please attach a copy of an in-force insurance illustration.   | \$ _____ | _____ |
| <input type="radio"/> <b>Life insurance</b> using qualified IRA distributions.<br>Name your fund at the top of page 4 and complete section B.   | \$ _____ | _____ |

**Approximate Value**

**Additional Details**

Asset details, e.g., cost basis for securities or real estate, qualified charitable distributions

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**Give later**

Gifts that occur upon death and provide future charitable support

- Bequest** through a will or living trust. \$ \_\_\_\_\_  
Contact us for suggested language for will.
  
- Beneficiary proceeds** from IRA or other qualified retirement plan, annuity or life insurance. \$ \_\_\_\_\_
  
- Beneficiary of non-Thrivent trust.** \$ \_\_\_\_\_  
Contact us for suggested language for trust agreement.
  
- Life estate reserved.** \$ \_\_\_\_\_  
Contact us for a Real Estate Questionnaire.

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**Give & receive**

Gifts that provide ongoing income payments and future charitable support. See Give Now (above) for additional forms required for complex gift assets.

- Charitable gift annuity** \$ \_\_\_\_\_  
Contact us for a Gift Annuity Application
  
- Charitable remainder trust with Thrivent Charitable: Contact us for a Charitable Remainder Trust Application
  
- Charitable remainder annuity trust** \$ \_\_\_\_\_
  
- Charitable remainder unitrust** \$ \_\_\_\_\_
  
- Testamentary charitable remainder trust** \$ \_\_\_\_\_

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**Total gift \$ \_\_\_\_\_**

## Step 4: Your donor-advised fund

### Name your fund

Create a fund in your name or a name that suits your fund's purpose (e.g., The John and Mary Jones Fund).

**Fund name:** \_\_\_\_\_

### Options for charitable support

Select A, B, C and/or D

**A. Advise grants as you go** (Dynamic Fund)

Any charities, any time. No minimum gift; minimum administrative fee applies.

Note: Dynamic Funds require a living donor advisor or successor advisor at the time the asset is received in the charitable fund.

### Investment selection

I recommend my fund's assets be invested as follows: If no box is checked, assets will be invested in the Mission Growth Portfolio.

**Allocation** must total 100%

\_\_\_\_\_ % Core Growth Portfolio  
85% equities/15% fixed income

\_\_\_\_\_ % Mission Growth Portfolio  
85% equities/15% fixed income

\_\_\_\_\_ % WomenInvest Portfolio  
75% equities/25% fixed income

\_\_\_\_\_ % Income Portfolio  
100% fixed income

**OR**

**Advisor Managed Fund**

For customized portfolios of \$250,000 or more. Contact Thrivent Charitable for more information.

**Please select your preference for charitable support following the death of donor advisors.**

I/we name family/friends as successor advisor to our fund. Circle the person nominated to act as chairperson.

\_\_\_\_\_  
Name Relationship and date of birth

\_\_\_\_\_  
Name Relationship and date of birth

\_\_\_\_\_  
Name Relationship and date of birth

\_\_\_\_\_  
Name Relationship and date of birth

Address and phone number of chairperson:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

I/we name the following charities to benefit upon the death of the last surviving fund advisor.

- To receive the fund's full remainder
- To receive annual grants in perpetuity
- To receive 10% annually for 20 years, and then the fund's remaining value

Charity name _____	Charity name _____
% of distribution _____	% of distribution _____
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____
Phone number _____	Phone number _____
Grant purpose optional _____	Grant purpose optional _____

**B. Designate charities for automatic annual grants**  
Fund minimum: \$5,000 per charity\*

Charity name _____	Charity name _____
% of distribution _____	% of distribution _____
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____
Phone number _____	Phone number _____
Grant purpose optional _____	Grant purpose optional _____

Charity name _____	Charity name _____
% of distribution _____	% of distribution _____
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____
Phone number _____	Phone number _____
Grant purpose optional _____	Grant purpose optional _____

**Thrivent Charitable giving options**

- InFaith Community Fund ..... \_\_\_\_\_%
- Health Services ..... \_\_\_\_\_%
- LCMS and related organizations ..... \_\_\_\_\_%
- Disaster Response ..... \_\_\_\_\_%
- Human Services ..... \_\_\_\_\_%
- WELS and related organizations ..... \_\_\_\_\_%
- Education ..... \_\_\_\_\_%
- ELCA and related organizations..... \_\_\_\_\_%
- Ecumenical/Interfaith ..... \_\_\_\_\_%

**C. Designate a scholarship**  
Fund minimum: \$5,000 per educational institution\*

Accredited educational institution through which the scholarship will be distributed:

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Recommended scholarship criteria (e.g., G.P.A., field of study, financial need)

\_\_\_\_\_

**D. Designate a cause/area of interest**  
Fund minimum: \$25,000\*

Designate your specific cause or area of interest, describing your scope and criteria in as much detail as possible (e.g., sample organizations, geographic area, faith affiliation). Thrivent Charitable researches specific charities to address your designated cause.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Administrative fees apply upon receipt of gift assets.

## Complete if you selected fund options B, C or D

### Investment Selection

I recommend that my fund's assets be invested as follows:

If no box is checked, assets will be invested in the Mission Growth Portfolio. The exception is charitable gift annuity assets, which are invested in the Core Growth Portfolio.

- Core Growth Portfolio (85% equities/15% fixed income)
- Mission Growth Portfolio (85% equities/15% fixed income)
- WomenInvest Portfolio (75% equities/25% fixed income)

### Grant Distribution Preferences

Make your selection for annual grant distributions from the options below.

- Perpetual grant support. 5% distributed annually among recommended charities. Distribution rate is subject to change.
- Term of years grant support. 10% distributed annually for 10–20 years. At the end of the set term, the fund remainder is distributed to recommended charities. Check one box to indicate the term of years:  10 years  15 years  20 years

### Optional

- I/we request an immediate one-time grant of a specific amount to a specific charity(ies). I/we understand that \$50,000 or 20% of the gift, whichever is greater, must remain in the fund for ongoing grant distributions.

Charity name \_\_\_\_\_

Gift amount \$ \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Grant purpose (optional) \_\_\_\_\_



## Step 5: Additional instructions

### Disclosure in Thrivent publications

- Okay to disclose in Thrivent publications
- Okay to disclose in Thrivent publications after death
- Never disclose

### Disclosure to benefiting charities

- Okay to disclose fund name, donor/fund advisor name(s) and nature of gift to benefiting charities with grant distributions or earlier upon request.
- Okay to disclose fund name, donor/fund advisor name(s) and nature of gift after death
- Never disclose

Comments or special instructions for your fund

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## Step 6: Gift acknowledgment

I acknowledge that I intend to make an irrevocable gift to Thrivent Charitable Impact & Investing as described in this workbook. With my gift, I understand that I will be transferring all ownership and legal control of the gift to Thrivent Charitable Impact & Investing, subject to acceptance by an officer of Thrivent Charitable, for allocation to a donor-advised fund or charitable fund.

I reviewed and accept Thrivent Charitable Impact & Investing's statement of policies as stated in About Your Charitable Fund (available online at [thriventcharitable.com](http://thriventcharitable.com)) and understand my fund will be administered according to these policies.

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Donor signature

Date

---

Donor signature

Date

### Gift representation of your assets

Thrivent Charitable does not wish to accept gifts that may cause undue hardship to a donor's personal welfare or comfort during their lifetime. To ensure the gift you are making is appropriate for your situation, please indicate what portion of your estate or assets this gift represents. With gifts of life insurance, check the box that best reflects the portion used for premium payments.

- Less than 10% of my assets
- Between 10% and 24% of my assets
- Between 25% and 49% of my assets

### Send your fund workbook

#### Once your Fund Workbook is completed, please send it to:

Thrivent Charitable Impact & Investing  
600 Portland Avenue South, Suite 5100  
Minneapolis, Minnesota 55415

#### If you have questions:

Phone: 800-365-4172  
Email: [thriventcharitable@thrivent.com](mailto:thriventcharitable@thrivent.com)  
Fax: 612-844-4109

Upon receipt of your completed Fund Workbook, Thrivent Charitable will prepare a Fund Agreement that reflects your charitable interests. To ensure your wishes are stated correctly, this Fund Agreement must be reviewed and signed before your gift is made. Make checks payable to Thrivent Charitable Impact & Investing™.

#### Go paperless with e-statements

Once your donor-advised fund is established, you can sign up for electronic delivery of statements at [thriventcharitable.com](http://thriventcharitable.com).

### Professional advisor information

To be completed by the donor's professional advisor when s/he is part of the gift process. The professional advisor agrees to abide by the Gift Advocate Code of Ethics available online at [thriventcharitable.com](http://thriventcharitable.com).

Professional advisor's name \_\_\_\_\_

RFO # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Notes or special instructions \_\_\_\_\_

**Additional professional advisor assisting with gift** (if applicable)

Professional advisor's name \_\_\_\_\_

RFO # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Notes or special instructions \_\_\_\_\_



# About us

We believe humanity thrives when people make the most of all they've been given. Thrivent Charitable Impact & Investing helps people do just that—bring their generosity to life so that they can support the organizations and causes closest to their hearts, now and into the future. Grounded in our purpose to serve, we take a holistic, personalized approach to help our donors create strategic charitable plans and give in a way that best reflects their values and financial priorities. Together, we are committed to creating positive impact and inspiring lasting change in our communities



Thrivent Charitable Impact & Investing™, a separate legal entity from Thrivent, the marketing name for Thrivent Financial for Lutherans, is a public charity that serves individuals, organizations and the community through charitable planning, donor-advised funds and endowments. Thrivent Charitable Impact & Investing works collaboratively with Thrivent and its financial professionals.

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