



Legacy Advised Fund Application



WHERE *faith* & *finance* MEET

INITIAL APPLICATION INSTRUCTIONS

- Complete and sign Legacy Advised Fund Application.
- Attach copies or original documentation for assets funding instruments e.g. signed beneficiary designation forms, signed trust agreements, signed wills (signed trust agreements or wills should contain language indicating the flow of funds to the Legacy Advised Funds).
- Submit original of signed Application to Orchard Alliance (with attachments) or to your relationship manager.
- The original will be countersigned by a corporate officer of Orchard Alliance and will be retained for corporate records.
- A copy will be returned to the donor(s). Keep this copy for your records.

INSTRUCTIONS FOR CHANGES TO BENEFICIARIES OR FUNDING INSTRUMENTS

- Complete steps for initial application (above).
- Indicate whether application is a revision to an existing Legacy Advised Fund or Ministry Fund (below signature).
- Sign and return to Orchard Alliance with requisite attachments.

DONOR INFORMATION

Name _____ Birth Date _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Email _____

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Name _____ Birth Date _____

Street Address _____ City _____ State _____ Zip _____

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LEGACY ADVISED FUND

Fund Name _____ Fund Number _____

- ☐ I prefer that all grants from this Legacy Fund be anonymous.
To ensure anonymity, please do not include your name in the fund name.

REFERRAL INFORMATION

I learned about creating a Legacy Advised Fund through Orchard Alliance from:

- ☐ Orchard Alliance Website ☐ Gift and Estate Design Consultant: _____
- ☐ Other _____



PROPOSED PURPOSE OF THE FUND / BENEFICIARIES

In the event you have named more than one charitable beneficiary, list percentages for each charity. Note that your charitable intent must fall within the purposes and mission of Orchard Alliance.

BENEFICIARY

Organization Name

Organization Mailing Address

Specific Designation / Use of Funds

Percentage to this Organization

BENEFICIARY

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☐ Check this box and use Additional Beneficiary page (provided at the end of application) if naming more than four beneficiaries.



Legacy Advised Fund Application

METHOD OF FUNDING *(Select all that apply)*

- | | |
|--|---|
| ☐ Retirement Accounts (Beneficiary Designation) | ☐ Insurance Policies (Beneficiary Designation) |
| ☐ Annuity Accounts (Beneficiary Designation) | ☐ Bequest from Will or Revocable Living Trust |
| ☐ Charitable Remainder Trust | ☐ Other (please describe) _____ |
| ☐ Attached is a copy of funding documentation. | |
- Net Value of Estate \$ _____
- _____ % of Funding Method

If Orchard Alliance is holding non-cash property for the benefit of a LAF, distributions from the LAF will be partially to fully restricted in order for Orchard Alliance to retain a cash balance in the LAF 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.

SUMMARY OF UNDERSTANDING

By completing and signing this application (or agreement), I certify that I understand the Legacy Advised Fund (LAF) I am creating will be an irrevocable agreement upon funding and that ownership, custody, and control of donated funds have been given to Orchard Alliance. I hereby acknowledge that I have read the Orchard Alliance 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 the Orchard Alliance Statement of Faith will be disqualified as beneficiaries under the LAF administered by Orchard Alliance. In the event that any of the shares belong to a beneficiary organization which is either no longer in existence, no longer qualifies as a charitable organization, or has been disqualified, those shares will be distributed pro rata among the remaining qualified charitable organizations in the same proportionate share as the percentages originally given to the unqualified beneficiary organization. I authorize Orchard Alliance to be reimbursed for fiduciary fees incurred from the monies received by this Fund prior to any distributions to the stated charities, for any expenses incurred by it, or fees for services rendered pursuant to the receipt, administration and distribution of such monies. All fees incurred will be in accordance with the existing fee schedule of Orchard Alliance. I retain the right to change the named charitable organizations under this agreement subject to the above qualifications, by acknowledged written statement delivered to Orchard Alliance prior to funding. I will abide by the LAF 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. This agreement shall be Governed by the laws of the State of Colorado.

Signature

Signature

Printed Name

Date

Printed Name

Date

Orchard Alliance Authorized Signature

Date

Authorized Printed Name

Title

- ☐ This is a revision to an existing Legacy Advised Fund
- ☐ This is a revision to an existing Ministry Fund



Additional Beneficiaries *(If needed)*

BENEFICIARY

Organization Name

Organization Mailing Address

Specific Designation / Use of Funds

Percentage to this Organization

BENEFICIARY

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