



DONOR ADVISED FUND AGREEMENT

Office Use Only: Account Number: Name of Fund:

Please complete the following agreement to establish a Donor Advised Fund with the Kansas Methodist Foundation, Inc. EIN: 48-0697195. If you need assistance completing this form, please contact us at 620-664-9623 or info@kansasmethodistfoundation.org.

1. Donor Information

Donor

Joint Donor, *if applicable*

Title First Name Initial Last Name

Title First Name Initial Last Name

Date of Birth

Date of Birth

Address

Address

City State Zip

City State Zip

Phone Home Business Cell

Phone Home Business Cell

Email Address

Email Address

Church Name

Church Name

2. Donor Advised Fund Information

Name of Your Fund: _____

For Example: Smith Family Fund, Smith Charitable Fund, etc. The Fund name will appear on all Fund correspondence, as well as on all correspondence that accompanies distributions from the Fund. If you prefer that the gift be anonymous, please indicate this when requesting a distribution.

How often would you like to receive a statement via email?

Monthly Quarterly Semi-Annually Annually

Email address to receive statement: _____

If no email is specified, the first email address listed in Section 1 will receive the statement.

For investment purposes, how quickly do you plan to disburse the initial funds in your Donor Advised Fund? KMF will invest the resources in a way that aligns with your time horizon. Additional funds can be added to the account at any time.

- 10+ years 5-10 years 3-5 years 1-2 years

Comments: _____

3. Contribution Information

Please note: The IRS does not allow gifts from an IRA rollover or a Qualified Charitable Distribution to be used to fund a Donor Advised Fund. If you have questions about making a gift from an IRA, please contact the KMF at 620-664-9623.

Please check the type of the initial contribution you will be making:

- Check(s) in the amount of \$_____.
Check(s) should be made payable to the Kansas Methodist Foundation.
- Funds wired in the amount of \$_____.
Please contact the KMF at 620-664-9623.
- Transfer assets from another Donor Advised Fund.
Please contact the KMF at 620-664-9623.
- Publicly traded securities or mutual fund shares.
Name of stock or mutual fund _____
Number of shares _____
Please visit kansasmethodistfoundation.org for a securities transfer form or contact our office at 620-664-9623.
- Other: _____

4. Advisement Information

Gift recommendations from the fund, once established and funded, can be made at any time using the form on the KMF website, www.kansasmethodistfoundation.org. Gift recommendations can be for a one-time or recurring gift. The minimum gift is \$100.00 per occurrence. All gifts must be made to an acceptable IRC § 501(c)(3) tax-exempt organization.

5. Successor Advisor and Distribution Information

You may wish to provide the KMF with a “succession plan” for your Donor Advised Fund, in the event of your death. Choose one option and complete the corresponding section below.

- A. You may choose to create or support a Legacy Fund at the KMF, OR
- B. You may name Successor Advisors to the account to succeed you after your death, OR
- C. You may elect to distribute the balance of your fund to different ministries or charities.

Please complete either Section A, Section B, or Section C below. If no option is selected, your fund will be distributed to the Kansas Methodist Foundation, Inc. You may change your initial selection with written notice to the KMF.

A. Create or Support a Legacy Fund at the KMF

The Kansas Methodist Foundation can help you leave a legacy through a permanent endowment fund. With a permanent endowment, you can advise on where the distributions should be sent into perpetuity. You may also donate the remaining funds to the KMF to further its work.

- Create your Permanent Endowed Legacy Fund at the KMF.

Name of Fund: _____

If your permanent endowed fund is not currently in place, the KMF staff will connect with you to create it. The minimum amount for a permanent endowment fund is \$25,000.

- Donate the remainder to the KMF. You can specify which endowment fund at KMF you would like to support.

Pathways for Discipleship Ministry Grant Fund to support matching grants for new ministries in Kansas.

Seminary Scholarship Fund to support seminary education of future clergy leaders.

Cornerstone Fund to support the Kansas Methodist Foundation and its operation and ministry.

Some churches and organizations have permanent funds at the KMF for ongoing support. If KMF cares for an existing organizational fund you'd like your balance to support, please list the name of the entity (or entities) you'd like to support.

Please list the church/organizations _____

Other (please specify): _____

B. Name of Successor Advisor(s) for your fund.

Successor Advisor

Successor Advisor

Title First Name Initial Last Name

Title First Name Initial Last Name

Date of Birth

Date of Birth

Address

Address

City State Zip

City State Zip

Phone Home Business Cell

Phone Home Business Cell

Email Address

Email Address

C. Distribute to a ministry or charity.

You may name as many charities as you would like. Please indicate the percentage of distribution to each charity. Please use a separate page, if needed. In the event a charity no longer exists or fails to operate as an IRC § 501(c)(3) tax-exempt organization, the listed percentage will be distributed pro-rata to the remaining charities. If all charities cease to exist or fail to operate as a qualified IRC § 501(c)(3) tax-exempt organization, the distribution will be made to the Kansas Methodist Foundation, Inc.

Organization Name

Organization Name

Federal Employer Identification Number

Federal Employer Identification Number

Address

Address

City State Zip

City State Zip

Phone Number

Phone Number

Email Address

Email Address

Percentage of distribution _____%

Percentage of distribution _____%

Organization Name

Organization Name

Federal Employer Identification Number

Federal Employer Identification Number

Address

Address

City State Zip

City State Zip

Phone Number

Phone Number

Email Address

Email Address

Percentage of distribution _____%

Percentage of distribution _____%

6. Signatures

By signing below I/We hereby acknowledge the following:

1. This is an irrevocable gift to Kansas Methodist Foundation, Inc. EIN: 48-0697195, "Foundation", for its religious, charitable, literary, and educational purposes, and to establish with the Foundation a non-endowed Donor Advised Fund.
2. The Fund shall include the property received with the execution of this Agreement and such additional property as may, from time to time, be transferred from any other source for inclusion in the Fund and accepted by the Foundation, and all undistributed income from the foregoing property. The Foundation shall have the ultimate authority and control over all property in the Fund, and the income derived from it, in accordance with the Articles of Incorporation, Bylaws, and Policies and Procedures of the Foundation, as they may be amended from time to time, and the terms of this Agreement shall be applied in a manner consistent with said Articles, Bylaws, and Policies and Procedures.
3. The Donor(s) may consult with, advise, and make recommendations in writing to the Foundation with respect to the distribution of charitable grants from this Fund. The Donor(s) reserve the right to revise their written recommendations from time to time. The Foundation's Board of Trustees will give careful and thoughtful attention to all such advice and recommendations from the Donor(s). However, in accordance with the provisions of the Internal Revenue Code, such advice and recommendations will be advisory only and not binding upon the Foundation. All grants made by the Foundation from this Fund will acknowledge this Fund as the source of such grants.
4. Any funds received by the Foundation are subject to a Variance Power, as provided by the U.S. Treasury Regulations, which allows the Foundation's Board of Trustees to modify any restriction or condition on the distribution of funds for any specified charitable purposes or to specified organizations if, in the sole judgment of the Foundation, such restriction or condition becomes, in effect, unnecessary, incapable of fulfillment, or inconsistent with the charitable purposes, the Articles of Incorporation, Bylaws, and Policies and Procedures of the Foundation. In all such cases, the Foundation's Board of Trustees will seek an alternative use consistent with the Donors' charitable intent.
5. The Donor(s) understand and agree that this Agreement and the donations it represents are absolute and irrevocable, and that, after the execution of this Agreement, the Donor(s) shall have no right, title, interest, or incident of ownership in the property given to the Foundation or

any additional property transferred to this Fund. The Donor(s) shall have no unilateral right to alter, amend, or terminate this Agreement.

6. Donor(s) agree and give their permission and consent to be identified and listed in the publications of the Foundation. All gifts that are made by the Foundation from the Fund shall be given in the name of the Fund.
7. The agreement replaces and supersedes any previous Donor Advised Fund Agreement established between the donors and the Foundation.

Donor Signature (required)

Date

Joint Donor Signature (required, if the gift is made by joint donors)

Date

Acceptance: The Kansas Methodist Foundation hereby accepts and agrees to administer the funds given by the Donor(s) pursuant to the terms expressed herein.

KANSAS METHODIST FOUNDATION, INC.

Rev. Dr. Dustin D. Petz, President and CEO

Date

6. Mailing Instructions

Please mail this completed agreement to:

Kansas Methodist Foundation
P.O. Box 605
Hutchinson, KS 67504