

# Legacy Advised Fund Application



## Donor Information:

	Donor	Donor
Name	_____	_____
Street Address	_____	_____
City, State, Zip	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
Birthdate	_____	_____
Email	_____	_____

**Legacy Advised Fund Name:** \_\_\_\_\_

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 The Orchard Foundation from:

The Orchard Foundation Website     Legacy Planning Representative / from: \_\_\_\_\_     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 The Orchard Foundation.

### Beneficiary

Organization Name \_\_\_\_\_  
Organization Mailing Address \_\_\_\_\_  
Specific Designation / Use of Funds \_\_\_\_\_  
Percentage to this Organization \_\_\_\_\_

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

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**Method of Funding:** Select all that apply.

- Retirement Accounts (Beneficiary Designation)
- Insurance Policies (Beneficiary Designation)
- Annuity Accounts (Beneficiary Designation)
- Other (please describe) \_\_\_\_\_
- Bequest from Will
- Charitable Remainder Trust
- Revocable Living Trust
- Attached is a copy of funding documentation.

If Orchard 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 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 The Orchard Foundation. I hereby acknowledge that I have read The Orchard Foundation Statement of Faith, and I understand that The Orchard Foundation'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 The Orchard Foundation's Board of Stewards to be antithetical to The Orchard Foundation Statement of Faith will be disqualified as beneficiaries under the LAF administered by The Orchard Foundation. 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 THE ORCHARD FOUNDATION 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 The Orchard Foundation. I retain the right to change the named charitable organizations under this agreement subject to the above qualifications, by acknowledged written statement delivered to THE ORCHARD FOUNDATION prior to funding. I will abide by the LAF policies as set forth by The Orchard Foundation 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.

	Donor	Donor
Name (please print)	_____	_____
Signature	_____	_____
Date	_____	_____
Authorized Name	The Orchard Foundation	
Authorized Signature	_____	_____
Authorized Title	_____	_____
Date	_____	_____

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

**Instructions**

1. Initial Application and Agreement:
  - a. Download Legacy Advised Fund Application and Agreement: <http://www.inspire-giving.com/resources>. Complete and Sign.
  - b. 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 Fund).
  - c. Forward **original** of signed Application/Agreement to The Orchard Foundation (with attachments) or to your relationship manager.
  - d. Address: 8595 Explorer Drive, Colorado Springs, CO 80920; fax 719-268-7256 Attn: Fiduciary Services; email for PDF copies: [steward@theorchard.org](mailto:steward@theorchard.org)
  - e. The original will be countersigned by a corporate officer of The Orchard Foundation. The original will be retained for corporate records.
  - f. A copy will be returned to the donor(s). Keep this copy for your records.
2. For changes to beneficiaries or funding instruments:
  - a. Complete steps for initial application and agreement above.
  - b. Indicate whether application is a revision to an existing Legacy Advised Fund or Ministry Fund.
  - c. Sign and forward to The Orchard Foundation, Attn: Fiduciary Services, with requisite attachments.

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Additional Beneficiaries, if needed:

**Beneficiary**

Organization Name  
Organization Mailing Address  
Specific Designation / Use of Funds  
Percentage to this Organization

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