



General Synod of the ARP Church
Associate Reformed Presbyterian (ARP) Foundation, Inc.

Donor Advised Fund Application

918 S Pleasantburg Drive
Greenville, South Carolina 29607
Phone: (864) 232-8297 Fax: (864) 271-3729
www.arpsynod.org



DONOR/ADVISOR INFORMATION -

First Donor/Advisor: _____ Second Donor/Advisor: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Email: _____ Email: _____

Phone Number: _____ Phone Number: _____

FUND NAME: _____

You may name your **Donor Advised Fund** (DAF) account. Examples are "Smith Charitable DAF" or "Smith Family DAF in loving memory of..."

CONTRIBUTION

To transfer publicly traded securities, real property, personal property, closely held stock, or other assets, please contact us at:
ARP Foundation, Inc. (864) 232-8297.

Standard contributions can be made by check or wire transfer: Check Wire Transfer Other

If other, describe: _____

Amount of Gift or Estimated Value: _____ Date of Gift: _____

Mail checks to:

**ARP Foundation, Inc.
Donor Advised Fund
918 S Pleasantburg Drive
Ste 127
Greenville, SC 29607**

INVESTMENT MODEL

Cash only – not invested-required when under \$20,000

Please choose how you would like the fund to be invested. (Please see the ARP Investment Program Brochure for detail & risk analysis questionnaire)

Conservative Moderate Moderately Aggressive Aggressive

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FUND SUCCESSION

Donor/Advisor(s) may elect family or non-family persons to be Successor Advisors to their funds. Successor Advisors take over upon death or incapacity of the initial Donor/Advisor(s).

___ Fund assets to be retained in the fund and each successor may act independently

___ Fund assets to be retained in the fund and all successors must act jointly

___ Fund assets to be divided equally to establish separate funds for each successor

___ No Successor Advisor (skip to Fund Disposition Options)

First Successor: _____ Second Successor: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Email: _____ Email: _____

Phone Number: _____ Phone Number: _____

FUND DISPOSITION OPTIONS

The following options are alternatives to the Donor/Advisor(s) naming a Successor Advisor of the Fund. Upon notification of the death or incapacity of the initial Donor/Advisor(s), ARP Foundation, Inc. will enact the selected disposition plan. Please discuss the complicated disposition plans with ARP Foundation, Inc. to avoid any confusion or potential problems.

___ I (we) recommend that the Fund terminate, and the proceeds be granted to the ARP Church:

Instructions for General
Synod of the ARP Church:

___ I (we) recommend the Fund terminate and the proceeds be granted to the following charitable organizations:

Name of Charity: _____ Name of Charity: _____

City, State: _____ City, State: _____

Charity EIN #: _____ % of Fund: _____ Charity EIN #: _____ % of Fund: _____

___ I (we) recommend the Fund continue with the ARP Foundation, Inc. Board of Directors, using its discretion, and awarding grants to worthy charitable organizations in the following field of interest and/or community (please describe below):

___ I (we) recommend the following customized disposition plan for this fund (please describe below):

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ELIGIBLE GRANTEES

Distributions from the Fund may be made only to organizations which are then-qualified under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), and which are (a) described in Section 509(a)(2) of the Code or (b) private operating foundations described in Section 4942(j)(3) of the Code. Notwithstanding the foregoing, in the event the Code, or other applicable law, is amended in the future to disallow or disadvantage DAF distributions to any such organizations, ARP Foundation, Inc. may further limit the types of organizations eligible to receive distributions from the fund.

MANDATORY DISBURSEMENTS

If no distributions are made to ARP agencies or churches annually, then a 5% gift will be made from the fund to the ARP Foundation. **After 2 years of inactivity, ARP Foundation has the right to determine where to disburse the funds**

INELIGIBLE GRANTEES

The following shall be ineligible to receive distributions from the Fund: (1) individuals, (2) non-charitable organizations, (3) private foundations described in Section 509(a) of the Code (except for private operating foundations as set forth above), (4) supporting organizations described in Section 509(a) (3) of the Code, and (5) organizations not formed under the laws of the United States or its territories. Further, distributions from the Fund will not be made to pay dues for membership of an individual in an organization, purchase admission to charitable events, or to discharge or satisfy a legally enforceable obligation or personal pledge that has been made by the Donor or any individual or entity. Distributions also will not be made to support or promote political or legislative activities.

In case of doubt regarding the eligibility of a particular institution, ARP Church, in its sole discretion, will make the ultimate decision regarding an institution's eligibility.

SIGNATURES

I hereby irrevocably give the property described in this agreement to ARP Foundation, Inc. to establish a Donor Advised Fund.

I intend that this Fund be operated exclusively for charitable purposes, and that it be treated as a component fund of ARP Church.

I intend that the person identified as the Advisor(s) will periodically recommend grants from the Fund for charitable purposes. I understand the ARP Foundation, Inc. Board of Directors, in its sole discretion, is free to accept or reject any recommendations and is empowered to modify the DAF Program as it deems necessary.

I hereby certify to the best of my knowledge all information presented in connection with this agreement is accurate and I will notify ARP Foundation, Inc. promptly of any changes.

First Donor/Advisor: _____ Second Donor/Advisor: _____

Date: _____ Date: _____

Acknowledged and Accepted by ARP Foundation, Inc.:

ARP Foundation, Inc.: _____ Printed Name: _____

Title: _____ Date: _____