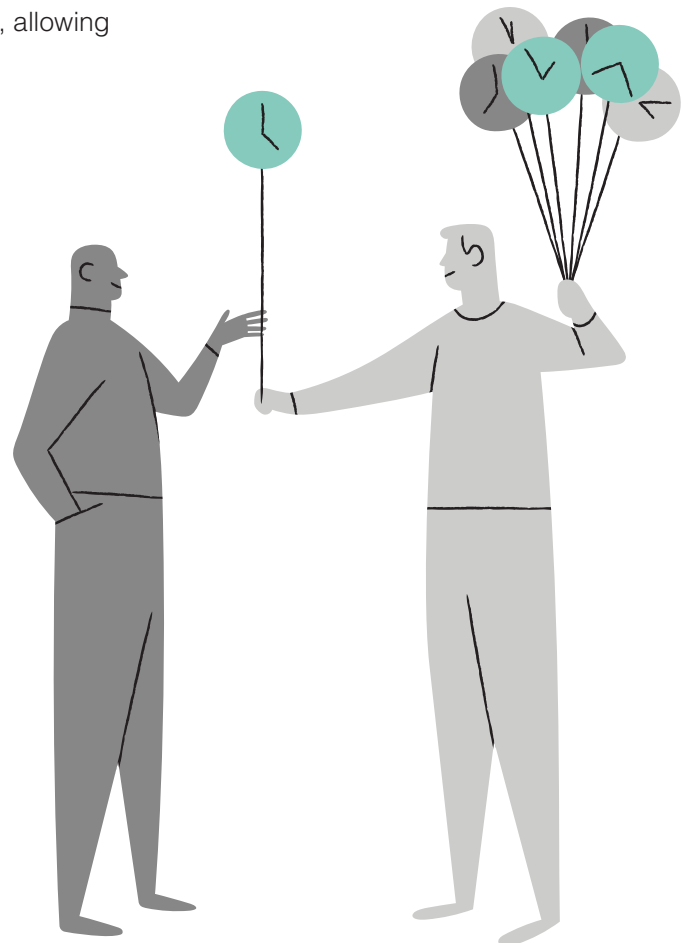


# Create your charitable fund

## Designated fund workbook

A Designated fund gives you the freedom to set up automatic annual grants to charities and causes you cherish.

You may choose how your fund's charitable assets are invested for long-term growth from a suite of Thrivent Charitable Impact & Investing® (Thrivent Charitable) curated portfolios. Your investment earnings are reinvested and may grow your charitable fund, allowing you to amplify your generosity.



If you are interested in an Advise-As-You-Go fund, where you can make grants at times of your choosing, please visit [thriventcharitable.com/giving/create-fund](https://thriventcharitable.com/giving/create-fund).

## About you

### First donor

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

\_\_\_\_\_

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

### First donor's primary address

Street \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Primary phone \_\_\_\_\_

Alt. phone \_\_\_\_\_

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

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

Preferred method of communication (select one)

Primary phone  Alt. phone  Business phone  Email

### 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 \_\_\_\_\_

Primary phone \_\_\_\_\_

Alt. phone \_\_\_\_\_

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

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

Preferred method of communication (select one)

Primary phone  Alt. phone  Business phone  Email

### Alternate address (if applicable)

Street \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Primary phone \_\_\_\_\_

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

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

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

### Questions?

Contact our team for additional assistance at [thriventcharitable@thrivent.com](mailto:thriventcharitable@thrivent.com) or 800-365-4172.

## Authorize access

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

| Name  | Relationship to donors | Phone/email |
|-------|------------------------|-------------|
| _____ | _____                  | _____       |
| _____ | _____                  | _____       |
| _____ | _____                  | _____       |

## Your Designated fund

### Name your fund

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

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

### Select your type of Designated fund

- Designated donor-advised fund:** A Designated donor-advised fund gives you the option to provide support to organizations annually, 5% in perpetuity, or grant 10% for 10, 15 or 20 years. The fund can be active in your lifetime or deferred until your passing. Additionally, a Designated donor-advised fund, gives you the opportunity to make changes even after the fund is established.
- Designated non-advised fund:** A Designated non-advised fund is established with a gift of qualified charitable distributions (QCDs) from an IRA. Because QCDs cannot be gifted to a donor-advised fund, donors choose the non-advised fund option. Designated non-advised funds do not allow changes once the fund is established.

### Questions?

Contact our team for additional assistance at [thriventcharitable@thrivent.com](mailto:thriventcharitable@thrivent.com) or 800-365-4172.

## Financial advisor information

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

Financial advisor's name \_\_\_\_\_

Regional Advisor Group  
(for Thrivent financial advisors only) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

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

### **Additional financial advisor assisting with gift** (if applicable)

Financial advisor's name \_\_\_\_\_

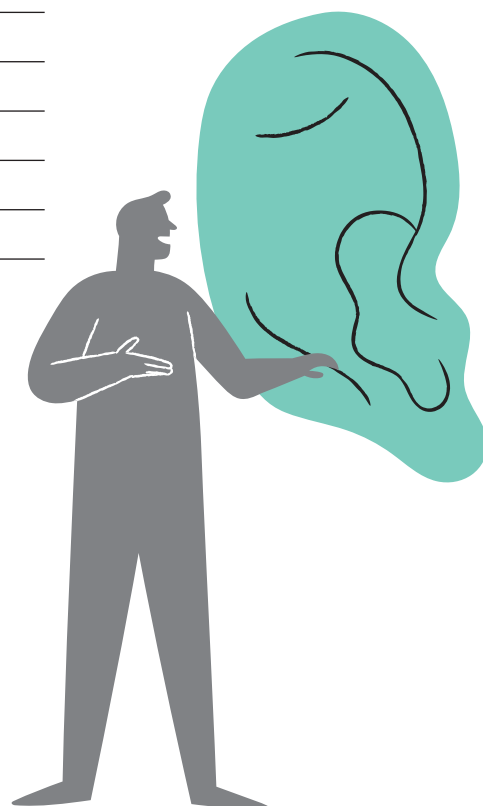
Regional Advisor Group  
(for Thrivent financial advisors only) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

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



### **Questions?**

Contact our team for additional assistance at [thriventcharitable@thrivent.com](mailto:thriventcharitable@thrivent.com) or 800-365-4172.

# Your gift

## Approximate value

## Additional 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="checkbox"/> <b>Cash</b>  | \$ _____ | _____ |
| <input type="checkbox"/> <b>Securities</b><br>Attach a copy of brokerage statement with shares identified.  | \$ _____ | _____ |
| <input type="checkbox"/> <b>Real estate</b><br>Contact us for a Real Estate Questionnaire.  | \$ _____ | _____ |
| <input type="checkbox"/> <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 A.  | \$ _____ | _____ |
| <input type="checkbox"/> <b>Complex assets</b> (Crops/farm equipment, closely held stock [C-Corp or S-Corp], limited liability company [LLC] or limited partnership [LP]).<br>Contact us for a Complex Asset Questionnaire. | \$ _____ | _____ |

### Questions?

Contact our team for additional assistance at [thriventcharitable@thrivent.com](mailto:thriventcharitable@thrivent.com) or 800-365-4172.

**Approximate value**

**Additional details**

(e.g., cost basis for securities or real estate, qualified charitable distributions)

**Give later**

Gifts occurring upon passing providing future charitable support.

- Bequest** through a will or living trust. \$ \_\_\_\_\_  
Contact us for suggested language.
- Beneficiary proceeds** from IRA or other qualified retirement plan, annuity or life insurance. \$ \_\_\_\_\_  
Contact us for suggested beneficiary language.
- Beneficiary of non-Thrivent trust.** \$ \_\_\_\_\_  
Contact us for suggested language for trust agreement.
- Life insurance** to be owned by Thrivent Charitable. \$ \_\_\_\_\_  
Please attach a copy of an in-force insurance illustration.
- Life insurance** using qualified IRA distributions. \$ \_\_\_\_\_  
Name your fund on page 5 and complete section A.
- Life estate reserved.** \$ \_\_\_\_\_  
Contact us for a Real Estate Questionnaire.

**Give and receive**

Gifts that provide ongoing income payments and future charitable support.

- Charitable gift annuity.** \$ \_\_\_\_\_  
Contact us for a Gift Annuity Application.
- Charitable remainder annuity trust.\*** \$ \_\_\_\_\_
- Charitable remainder unitrust.\*** \$ \_\_\_\_\_
- Testamentary charitable remainder trust.\*** \$ \_\_\_\_\_

\*Contact us for a Charitable Remainder Trust Application.

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

**Questions?**

Contact our team for additional assistance at [thriventcharitable@thrivent.com](mailto:thriventcharitable@thrivent.com) or 800-365-4172.

## Investing your gift

Please choose one or more of the offerings below by placing the percentage of your assets you'd like invested on the line next to the corresponding offering. Once the total percentage equals 100, your work is complete. If no selection is made, assets will be invested in the Thrivent Charitable Impact Fund™.

### Thrivent Charitable Impact Fund™

(Actively managed)

\_\_\_\_\_ Thrivent Charitable Impact Fund™

*(80% equities/20% fixed income)*

For donors seeking a competitive financial return alongside positive social and environmental impacts over the long term.

### Index Portfolio

(Passively managed)

\_\_\_\_\_ Vanguard LifeStrategy Growth Fund

*(80% equities/20% fixed income)*

For donors with a long-term investment time horizon of seven years or more and a moderately high risk tolerance.

\_\_\_\_\_ Vanguard LifeStrategy Moderate  
Growth Fund

*(60% equities/40% fixed income)*

For donors with a long-term investment time horizon of five years or more and a moderate risk tolerance.

### Thrivent Portfolio

(Actively managed)

\_\_\_\_\_ Thrivent Moderately Aggressive

Allocation Fund

*(80% equities/20% fixed income)*

For donors with a long-term investment time horizon of seven years or more and a moderately high risk tolerance.

\_\_\_\_\_ Thrivent Moderate Allocation Fund

*(65% equities/35% fixed income)*

For donors with a long-term investment time horizon of five years or more and a moderate risk tolerance.

**Total %** \_\_\_\_\_

*The total must equal 100%.*

# Your charitable support

Select A, B or C.

**A. 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

To learn more about our collaborative funds, visit [thriventcharitable.com/collabfunds](https://thriventcharitable.com/collabfunds).

- Disaster Response and Resiliency ..... \_\_\_\_\_ %
- Ecumenical and Interfaith ..... \_\_\_\_\_ %
- Education ..... \_\_\_\_\_ %
- ELCA ..... \_\_\_\_\_ %
- Health and Human Services ..... \_\_\_\_\_ %
- LCMS ..... \_\_\_\_\_ %
- Thrivent Charitable Community Fund ..... \_\_\_\_\_ %
- WELS ..... \_\_\_\_\_ %

\*Administrative fees apply upon receipt of gift assets.

### Questions?

Contact our team for additional assistance at [thriventcharitable@thrivent.com](mailto:thriventcharitable@thrivent.com) or 800-365-4172.



**B. Designate a scholarship**

Provide annual scholarships through an accredited educational institution. Fund minimum: \$5,000 per educational institution.\* Additional scholarship policies and guidelines available upon request.

Accredited educational institution through which the scholarship will be distributed:

Name \_\_\_\_\_

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

Address/City/State/ZIP \_\_\_\_\_

\_\_\_\_\_

Recommended scholarship criteria (e.g., GPA, field of study, financial need).

\_\_\_\_\_

**C. Designate a cause/area of interest**

Fund minimum: \$25,000 for each designated cause or area of interest.\*

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.

## 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 to 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 \$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) \_\_\_\_\_

## Acknowledgment

Grants to charities are accompanied by a grant letter including optional information as selected below. Please check only **one** box to indicate who should be acknowledged for the grant during your lifetime and one box to indicate who should be acknowledged upon your passing. Select the first option (Fund name, donor name(s) and address) if you would like the grantee organization to thank you directly. The donor name(s) will consist of the primary fund advisor(s) listed on the charitable fund account, unless you direct us otherwise.

### During your lifetime

- Fund name, donor name(s) and address
- Fund name and donor name(s)
- Fund name only
- Anonymous

### Upon your passing

- Fund name and donor name(s)
- Fund name only
- Anonymous

Comments or special instructions for your fund:

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## Questions?

Contact our team for additional assistance at [thriventcharitable@thrivent.com](mailto:thriventcharitable@thrivent.com) or 800-365-4172.

## Gift acknowledgment

I acknowledge my intention to make an irrevocable gift to Thrivent Charitable Impact & Investing as described in this workbook. With my gift, I understand I am 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 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

## Send your fund workbook

**Once you complete your fund workbook, please mail it or securely upload it to:**

Thrivent Charitable Impact & Investing  
PO Box 8072  
Appleton, WI 54912-8072  
Online: [thriventcharitable.com/share-files](http://thriventcharitable.com/share-files)

Upon receipt of your completed fund workbook, Thrivent Charitable will establish your fund and send a confirmation along with information on how to access your fund.

### Questions?

Contact our team for additional assistance at [thriventcharitable@thrivent.com](mailto:thriventcharitable@thrivent.com) or 800-365-4172.

# About us

Thrivent Charitable Impact & Investing® brings hope to the world by empowering people to create the change that matters most to them. We open the joy of generosity to all by making it easy for anyone to give to the causes they cherish. We take a holistic, personalized approach to help our donors create strategic charitable plans, illuminating new paths to personalized impact through visionary models, tailored service and deep expertise. Ignited by our faith, we are passionate about creating positive impact and inspiring lasting change in our communities.



Thrivent Charitable Impact & Investing® 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 advisors. It is a separate legal entity from Thrivent, the marketing name for Thrivent Financial for Lutherans.

Insurance products, securities and investment advisory services are provided by appropriately appointed and licensed financial advisors and professionals. Only individuals who are financial advisors are credentialed to provide investment advisory services. Visit [Thrivent.com](https://www.thrivent.com) or FINRA's BrokerCheck for more information about Thrivent's financial advisors.

**thrivent**

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