

## DONOR ADVISED FUND APPLICATION

Name of Donor Advised Fund: (ex. Smith Family Fund)

Initial Donation of \$

(Minimum donation of \$25,000.00 to begin a Donor Advised Fund)

### APPLICANT: Donor Advised Fund Managers

Name:

Address:

Street

City

State

ZIP

Mobile:

Phone (Other):

Email:

Email (other):

The Managers of a project are the only person/persons who may make requests for distributions from the New Horizons Foundation DAF account. The DAF managers are:

Managers:

Who referred you to the Foundation:

In the event of the death or incapacity of the Managers, the following individuals shall be authorized to make distributions from the project:

First:

Relationship to Manager:

Address:

Phone:

Email:

Second:

Relationship to Manager:

Address:

Phone:

Email:

If the manager dies or becomes incapacitated or cannot be found after diligent search and has failed to name an authorized individual to make distributions in his or her place; or if such named individual is dead, incapacitated, or cannot be found after diligent search, then in either such event NHF shall be authorized to make distributions from the DAF account as it deems appropriate, taking into consideration previous designations or recommendations made by the Manager or his designees.

Distributions recommended from the fund are to be made to qualified U.S. 501(c) organizations or charitable project within the New Horizons Foundation, and used exclusively for charitable purposes, not for private benefit of the donor advisor fund manager(s). Foreign distributions must follow the "Foreign Grant Guidelines" and be made to a qualified organization.

Managers may also place in the project file a letter designating how funds are to be distributed in the event of the death of the Managers.

The undersigned applicant understands that gifts to and disbursements from the Charitable Project will go only to qualified charitable organizations and/or activities which satisfy the requirements of the Internal Revenue Code, the regulations of the Internal Revenue Service, and the policies of THE NEW HORIZONS FOUNDATION, INC. The undersigned applicant further understands that in order to qualify as a deductible contribution for income tax purposes, the ownership and custody of the donated funds and property must be fully relinquished to THE NEW HORIZONS FOUNDATION, INC.

Policies, procedures, and forms of THE NEW HORIZONS FOUNDATION, INC. relating to distributions, investments, contributions, project administration, etc. may be found in the NHF Policy Manual.

The undersigned applicant certifies that they have received a copy of the Policy Manual and has been fully apprised of the policies and procedures of THE NEW HORIZONS FOUNDATION, INC. It is understood that the Manager is not an agent of THE NEW HORIZONS FOUNDATION, INC. and agrees that he will not represent that he is such an agent.

- Yes, I would like to have my Donor Advised Fund Invested.
- Yes, I would like to have my Donor Advised Fund Invested with my chosen Investement Advisor.  
(Option only for Accounts greater than \$200,000)
- No, I would like to have my Donor Advised Fund help in cash.

\_\_\_\_\_

DAF Applicant Signature Date

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TO BE COMPLETED BY AN OFFICER OF THE FOUNDATION AND THE NEW HORIZONS FOUNDATION, INC.:

I hereby certify that the applicant is a person or organization of good reputation.  
I recommend approval of this application by  
THE NEW HORIZONS FOUNDATION, INC.'s Board of Directors.

This application is hereby approved by: \_\_\_\_\_ Date: \_\_\_\_\_