

Any donor. Any gift. Any charity.

Please complete all information in this application form. The minimum initial contribution is \$20,000 and the minimum additional contribution is \$1,000. If you need assistance, you may contact your financial advisor or call 800-811-4428.

Return completed forms to:

Email: ubs@reninc.com, Fax: 877-736-4620

Renaissance Charitable Foundation Inc., 8888 Keystone Crossing, Suite 1222 Indianapolis, IN 46240

► **Donor-advised fund information**

Your fund can be named after you or your family, or it can reflect an area of interest to you (e.g. John Donor Family Fund, or the Donor Fund for the Arts). Please note, the name of your account cannot solely be a name. It must include reference to the fact that it's a charitable account. Unless you choose to remain anonymous, the name of your fund will be used in correspondence to the charitable organizations that receive grants from the fund.

| | |
|--|--|
| Fund Name* | |
| Recommended Primary Charitable Purpose** | |

► **Donor information**

Donor of record

☐ Mr. ☐ Mrs. ☐ Ms.

| | | | |
|---------------|--|-----------------|--|
| Full Name* | | DOB* | |
| Address* | | SSN* | |
| Phone Number* | | City/State/Zip* | |
| Email* | | | |

Additional donor

☐ Mr. ☐ Mrs. ☐ Ms.

| | | | |
|---------------|--|-----------------|--|
| Full Name* | | DOB* | |
| Address* | | SSN* | |
| Phone Number* | | City/State/Zip* | |
| Email* | | | |

NOTES: Reports will be mailed to the Donor of Record only.

If you need to add more than 2 donors, you can add supplemental blank pages with details

*Required

**Required: Please indicate a charitable organization, area of interest, or geographical area for final grants in the event no successor is named to manage the fund.

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► Proof of funding

Please have your Financial Advisor complete the Investment Account Application to establish a new investment account in the name of Renaissance Charitable Foundation Inc. You or your financial advisor must initiate all transfers to Renaissance Charitable Foundation, Inc.

Estimated Value

| | | |
|----|--|-------------------|
| \$ | | (Estimated Value) |
|----|--|-------------------|

Once Investment Account has been funded, please provide PROOF OF FUNDING to rcf@reninc.com. This can be a screenshot of the transaction in the receiving RCF DAF investment account, but must include the account number and contribution details.

Other Assets

If you wish to contribute an asset other than cash or publicly traded securities, please call the Foundation to discuss the review process

► Primary Financial Advisor

You may recommend the Primary Financial Advisor for the Fund; however, final selection of the Fund's investment advisor will be made by the Foundation. All advisors retained by the Foundation must adhere to the Foundation's investment policies. A financial advisor is required to open a DAF with the Renaissance Charitable Foundation.

Financial Advisor will have "view only" access to the Donor-Advised Fund

My Financial Advisor may be a grant advisor on my account. (By selecting this box, you are allowing the financial advisor to recommend grants to IRS approved charities on your behalf).

| | | | |
|-------------------------|--|----------------|--|
| Company | | Name | |
| Street Address | | City/State/Zip | |
| Phone Number | | Fax Number | |
| Email | | | |
| Clearing/Brokerage Firm | | | |

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To add access for additional financial advisors and/or their assistants to access and act on your behalf through the online portal, please list their contact information here.

Individual 1

| | | | |
|--|--|----------------|--|
| Company | | Name | |
| Street Address | | City/State/Zip | |
| Phone Number | | Fax Number | |
| Email | | | |
| Relationship to Main Financial Advisor | | | |

Individual 2

| | | | |
|--|--|----------------|--|
| Company | | Name | |
| Street Address | | City/State/Zip | |
| Phone Number | | Fax Number | |
| Email | | | |
| Relationship to Main Financial Advisor | | | |

Individual 3

| | | | |
|--|--|----------------|--|
| Company | | Name | |
| Street Address | | City/State/Zip | |
| Phone Number | | Fax Number | |
| Email | | | |
| Relationship to Main Financial Advisor | | | |

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► Fund successors and charitable beneficiaries

Information can be provided at a later time via an Account Information Change form and does not need to be completed in order to set-up new account.

Donors have the option to recommend what should occur with the Fund upon their death. There are three options:

1. The Donors name one or more individual successors to the Fund to succeed the Donors after their death (Successor Grant Advisors).
2. The Donors recommend specific Charitable Beneficiaries to receive either
 - A. All of the remaining assets with respect to the Fund.
 - OR-
 - B. Annual grants from the remaining assets in the Fund (the recommended annual grants may be a percentage of the annual value of the Fund or a set dollar amount per charity, but, if the aggregate value of the annual grants is less than 4% of the annual value of the Fund, RCF may increase the grants pro rata so that the aggregate value of the annual grants is 4% of the annual value of the Fund).
3. The Donors make a recommendation via the Designation Fund Agreement (DFA) application. The DFA application will be reviewed by RCF and upon approval will provide the donor with a formal agreement for signature.

Please fill-in either the Successor Grant Advisor(s) section immediately below OR the Charitable Beneficiary(ies) section immediately thereafter (or attach a letter of instruction).

► Successor grant advisors

Upon the death or incapacity of all of the original Donors of the Fund, please select one of the following options:

- ☐ Successor Grant Advisors will succeed the prior grant advisor and share equal rights to make recommendations
- ☐ The Fund will split and be divided equally into separate Funds. Your financial advisor will contact the successor grant advisors to name each newly created Fund, and, if necessary, to reallocate investments and to name successor grant advisor(s).

Successor grant advisor 1

| | | | |
|---|--|----------------|--|
| Full Name | | DOB | |
| SSN/TIN | | | |
| Street Address <i>No P.O. Box</i> | | City/State/Zip | |
| Mailing Address <i>If different from above</i> | | City/State/Zip | |
| Phone Number | | Email | |

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Successor grant advisor 2

| | | | |
|---|--|----------------|--|
| Full Name | | DOB | |
| SSN/TIN | | | |
| Street Address <i>No P.O. Box</i> | | City/State/Zip | |
| Mailing Address <i>If different from above</i> | | City/State/Zip | |
| Phone Number | | Email | |

-OR-

► Charitable Beneficiary(ies)

Donors may elect that upon the death of all original donors, the remaining assets in the Fund are granted to charitable organizations either immediately or in an annual amount of at least 4% of the annual value. If one of these is the intended option, please complete this section in its entirety. In the event the recommended charity no longer exists or does not qualify to receive grants from a donor advised fund, RCF will award grants to a charity similar to the original charity.

Recommendation: (please check the applicable box)

☐ Grant Of The Balance Of The Fund Assets

☐ Annual Grant Of The Annual Value Of The Fund (Not Less Than 4%)**

Charitable organization 1

| | | | |
|---|--|-----------------|--|
| Legal Name* | | Tax ID Number | |
| Mailing Address* | | City/State/Zip* | |
| Contact Person at Organization | | Phone Number | |
| Purpose <i>If left blank, the default purpose will be "Use as Needed."</i> | | | |

(Grants are mailed directly to the charitable organization)

If an Annual Grant is Recommended, the annual grant to Charitable Organization 1 shall be either _____% of the Annual Value, or \$_____

NOTE: If named successors have not reached 18 years of age upon the donor's passing, the DAF will remain in a dormant state until they come of age
If you need to add more than 2 successor grant advisors, you can add supplemental blank pages with details

*Required

** The annual grant percentage has to meet the minimum grant requirement (\$250).

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Charitable organization 2

| | | | |
|---|--|-----------------|--|
| Legal Name* | | Tax ID Number | |
| Mailing Address* | | City/State/Zip* | |
| Contact Person at Organization | | Phone Number | |
| Purpose <i>If left blank, the default purpose will be "Use as Needed."</i> | | | |

(Grants are mailed directly to the charitable organization)

If an Annual Grant is Recommended, the annual grant to Charitable Organization 2 shall be either _____% of the Annual Value, or
\$ _____

Note: If you need to add more than 2 charitable organizations, you can add supplemental blank pages with details

► Acknowledgment

The undersigned donor(s), (hereafter referred to in the first person singular), makes an irrevocable and nonrefundable gift for charitable purposes to Renaissance Charitable Foundation Inc. (the "Foundation"). By signing below, I hereby acknowledge that I have read this Application and the Foundation's program circular, and I agree to the terms and conditions set forth in this Application and the Circular. I certify that, to the best of my knowledge, all information presented in connection with this Application is accurate and agree to notify the Foundation promptly of any changes. I also understand that my capacity as a Grant Advisor is advisory in nature and that the Foundation has the sole and exclusive authority and discretion to invest and disburse the property hereby transferred.

| | | | |
|-----------------------|--|------|--|
| Signature | | Date | |
| Printed Name of Donor | | | |
| Signature | | Date | |
| Printed Name of Donor | | | |

Return completed forms to:

Email: ubs@reninc.com, Fax: 877-736-4620
Renaissance Charitable Foundation Inc., 8888 Keystone Crossing, Suite 1222
Indianapolis, IN 46240

All individuals listed as donors on page 1 of this application should sign

*Required