

Please complete all information in this application form. Print in ink or type. The minimum initial contribution is \$5,000 and the minimum additional contribution is \$250. If you need assistance, you may contact your financial advisor or call 844-757-3521.

Return completed forms to:

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). 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

Social Security number Date of birth

Street address

City/State/Zip

Home phone Business phone

Email address

ADDITIONAL DONOR*

☐ Mr. ☐ Mrs. ☐ Ms.

Full name

Social Security number Date of birth

Street address

City/State/Zip

Home phone Business phone

Email address

* Reports will be mailed to the Donor of Record only.

CONTRIBUTIONS

You may wire cash or checks, as well as send securities, directly to your new account at Renaissance Charitable Foundation Inc. 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.***

CASH

\$	Check (payable to Renaissance Charitable Foundation Inc.)
\$	Wire Transfer (please request wire transfer instructions from your financial advisor)

You may wire cash or checks, as well as send securities, directly to your account at Renaissance Charitable Foundation Inc. using the information below:

MARKETABLE SECURITIES

Name of security issuer			
Where security certificate is held			
Ticker/CUSIP	Account #	# of shares	
Name of security issuer			
Where security certificate is held			
Ticker/CUSIP	Account #	# of shares	
Name of security issuer			
Where security certificate is held			
Ticker/CUSIP	Account #	# of shares	

(Please attach additional marketable securities information in the same format, if needed)

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.

INVESTMENT MANAGER

You may recommend an investment manager for your fund; however, final selection is made by Renaissance Charitable Foundation Inc. All managers retained by the Foundation must adhere to the Foundation's investment policies. If you do not recommend a manager, the Foundation will appoint one for your fund.

Company		
Name		
Street address		
City/State/Zip		
Phone Number	Fax Number	
Email address		

SUCCESSOR GRANT ADVISOR INFORMATION

The donor of record's successor has the right to make grant recommendations. Donors have two (2) alternative successor options:

- ☐ To name an individual to succeed the donor as the Fund's Grant Advisor; or
- ☐ To recommend that, upon the death of the fund's last surviving Grant Advisor (including all named successors), the fund supports one (1) or more charitable organizations described in Section 501 (c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), and that are not private foundations within the meaning of Code Section 509(a). (Please list additional charitable organizations and the percent they are to receive.)

Successors may be appointed or changed at any time by submitting an Account Information Change Form.

As Donor of Record, I hereby name the following person as my successor:

Full name or name of charity	
Street address	
City/State/Zip	
Home phone	
Email address	
Tax ID or SSN	

ACKNOWLEDGMENT

The undersigned donor, (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		

If married, both donors should sign

Call: 844-757-3521

Fax: 877-736-4620

or visit our website at:

<https://ccgf.donorfirstx.com>

Write to us at:

Cambridge Charitable Gift Fund
Renaissance Charitable Foundation

8888 Keystone Crossing

Suite 1222

Indianapolis, IN 46240