

Please complete all information in this donor-advised fund application form ("Application"). Print in ink or type. The minimum initial contribution is \$5,000 and each additional contribution must be at least \$1,000.

Return completed forms to:

RCF Giving Fund

8888 Keystone Crossing

Suite 1222

Indianapolis, IN 46240

Phone: (800) 918-3650

Foundation Fax: (877) 222-1829
Email: rcfgivingfund@reninc.com

1. DONOR-ADVISED FUND INFORMATION

A Donor-Advised Fund can be named after a Donor, a member of the Donor's family, the Donor's family, or it can reflect an area of interest to the Donor or such family member (e.g. John Donor Family Fund, or the Donor Fund for the Arts). Unless a Donor or Grant Advisor recommends that a grant be made anonymously, the name of the Donor-Advised Fund will be used in correspondence to the charitable organization that receives the grant from the Fund.

Donor-Advised Fund Name					
Recommended Primary Charitable Are	ea or Areas of Interest (e.g.,	cancer research, ed	lucation, historic p	reservation)	
2. DONOR INFORMATION					
Name the Donor(s) who will contribute established as Grant Advisors. To nam				tional Donor will automatica	ılly be
PRIMARY DONOR*	☐ Mr.	☐Mrs.	☐ _{Ms} .	Other —	
Full Name					
Social Security Number	Date	e of Birth			
Street Address					
City	Stat	е		Zip	
Home Phone	Busi	ness Phone		Mobile Phone	
Email Address					
ADDITIONAL DONOR*	☐ Mr.	☐Mrs.	☐ _{Ms.}	Other	
Full Name					
Social Security Number	Date	e of Birth			
Street Address					
City	Stat	e		Zip	
Home Phone	Busi	ness Phone		Mobile Phone	
Email Address					

^{*}Reports will be mailed to the Primary Donor only.



3. CONTRIBUTIONS

A Donor to a Donor-Advised Fund may transfer cash (via wire or check), publicly traded securities, or other property to Renaissance Charitable Foundation Inc. ("RCF") per the instructions below. You or your financial advisor must initiate all transfers to Renaissance Charitable Foundation Inc.

CASH GIFTS

\$

WIRE TRANSFER INSTRUCTIONS:

Bank: The National Bank of Indianapolis

Address: 107 N Pennsylvania St. Indianapolis, IN 46204

ABA#: 074006674 Account #: 1736750

FBO/FFC: Renaissance Charitable Foundation Receipts

Memo Detail: Fund account number, Fund name and/or Donor name

CHECK GIFTS

\$

MAIL INSTRUCTIONS:

- Make check payable to:
 RCF Giving Fund
- Include in the memo section of the check:
 Donor name or Fund name
- Mail check to:
 RCF Giving Fund
 8888 Keystone Crossing, Suite 1222
 Indianapolis, IN 46240

GIFTS OF PUBLICLY-TRADED SECURITIES

There are two main ways to make a stock gift to RCF: by electronic transfer or by mailing your certificates. Electronic transfer works much faster.

The date of a Donor's gift is the date on which the Donor gives up control. In most cases, this is the date the Donor transfers the shares electronically into RCF's account or the postmark date on which the Donor mails the Donor's certificates, stock powers, stock waivers, and/or Letters of Authorization to RCF. In some cases, the date of the gift is delayed until the company's transfer agent changes its official records to reflect ownership of the shares by RCF. In most cases, the tax-deductible value of a Donor's gift is the average of the highest and lowest trading prices on the date of the Donor's gift multiplied by the number of shares given.

ELECTRONIC TRANSFER OF PUBLICLY-TRADED SECURITIES

Donor must complete the information below relating to the securities subject to the gift. Please note that Renaissance Charitable Foundation, Inc. does NOT initiate the asset transfer. A Donor must complete the letter of authorization transfer form of the custodian that holds the securities that the Donor intends to transfer, and submit the same to such custodian or the Donor's financial advisor, in order for the transfer to be initiated. You or your financial advisor must initiate all transfers to Renaissance Charitable Foundation Inc.

DTC/ACAT

Broker-Dealer No

Broker-Dealer Name: Wells Fargo DTC Participant #: 0141

ACCOUNT NAME: Renaissance Charitable Foundation Inc.

Account #: 15006287

For Physical Stock Certificates, Euroclear, GNMA/Government Securities, Foreign Equities, and DRS/DWAC Deliveries, please contact Renaissance Charitable Foundation Inc. at (800) 918-3650 to coordinate delivery.

Name of Custodian (that hold	s and will deliver the securities)	Owner(s) of Security		
Name of Security Issuer	CUSIP or Symbol	Number of Shares	Approximate Dollar Value	
Name of Custodian (that hold	s and will deliver the securities)	Owner(s) of Security		
Name of Security Issuer	CUSIP or Symbol	Number of Shares	Approximate Dollar Value	



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Name of Security Issuer	CUSIP or Symbol	Number of Shares	Approximate Dollar Value
Name of Custodian (that holds	and will deliver the securities)	Owner(s) of Security	
Name of Security Issuer	CUSIP or Symbol	Number of Shares	Approximate Dollar Value
Name of Custodian (that holds	and will deliver the securities)	Owner(s) of Security	
Name of Security Issuer	CUSIP or Symbol	 Number of Shares	Approximate Dollar Value

PLEASE NOTE: The Donor or the Donor's financial advisor needs to initiate an in-kind transfer of the above securities using the instructions on page 2.

MAILING OF SECURITIES HELD IN CERTIFICATE FORM

Please contact Renaissance Charitable Foundation at (800) 918-3650 for forms needed to gift physical share certificates. DO NOT sign the back of your certificate(s). Doing so will delay the date of a donor's gift until the certificates are transferred into the name Renaissance Charitable Foundation Inc.



4. GRANT ADVISORS

A Donor can appoint one or more individuals as Grant Advisors of the Fund. These Grant Advisors will have authority to recommend grants to be made by the Fund. Grant Advisors appointed by Donor will not succeed the Donor unless they are named as Fund Successors (see Section 5 below). Do not list in this Section 4 any Donor(s) named in Section 2, as such Donors are automatically established as Grant Advisors.

GRANT ADVISOR 1:

First name	M.I. Last	Name	Date of Birth (mm/dd/yyyy)	SSN/TIN	
Street Address of Residence (no P.O. Box address)	City	State	_ Zip	
Mailing Address (if different fr	rom above)	City	State	_ Zip	
Home Phone		Business Phone	 Mobile F	 Mobile Phone	
Email Address					
GRANT ADVISOR 2:	M.I. Last	Name	Date of Birth (mm/dd/yyyy)	_ SSN/TIN	
GRANT ADVISOR 2:		Name _City	Date of Birth (mm/dd/yyyy) State	- SSN/TIN	
Email Address GRANT ADVISOR 2: First name Street Address of Residence (Mailing Address (if different f	no P.O. Box address)			_	

5. FUND SUCCESSORS AND CHARITABLE BENEFICIARIES

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 successors to the Fund to succeed the Donors after their death (Fund Successors).
- (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 in a letter of instruction delivered to RCF. Letters of instructions typically are used in connection with large contributions and include a level of specificity beyond the scope of this form.

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

FUND SUCCESSOR(S)

pon the deat	h or incapacity of all of the original Donors of the Fund, please select one of the following options:
	Successors 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 successors to name each newly created Fund, and, if necessary, to reallocate investments and to name advisor(s) and successor(s) to the newly created Fund.



SUCCESSOR 1:						
First Name		Last Nam	e	Date of Birth (mm,	/dd/yyyy)	SSN/TIN
Street Address of Residence (no P.O.	Box address)	City	State		Zip
Mailing Address (if different from above)		City	State		Zip	
Home Phone		Business Phone Mobile Pho		none		
Email Address						
SUCCESSOR 2:						
First Name	M.I.	Last Nam	e	Date of Birth (mm,	/dd/yyyy)	SSN/TIN
Street Address of Residence (no P.O.	Box address)	City	State		Zip
Mailing Address (if different from abo	ve)		City	State		Zip
Home Phone			Business Phone		Mobile Pl	none
Email Address						
- OR -						
CHARITABLE BENEFICIARY(IES)						
Donors may elect that upon the deatl either immediately or in an annual am this section in its entirety. In the ever advised fund, RCF will award grants t	nount of at le	ast 4% of mended ch	the annual value. if one of narity no longer exists or d	these is the intended of	ption, plea	ase complete
Recommendation:			Grant Of The Balance Of Th	ne Fund Assets		
(please check the applicable box)			Annual Grant Of The Annua	al Value Of The Fund (N	ot Less Th	an 4%)
CHARITABLE ORGANIZATION 1:						
Official Name						
Mailing Address (grants are mailed di	rectly to the	charitable	organization)			
City			State		Zip	
Tax ID Number (if known)			 Email Address (if known)		Organiza	tion's Website (if knowr
Contact Person at Organization		Contact Phone				
If an Annual Grant is Recommend Value, or \$	ded, the an	nual gran 	t to Charitable Organiz	zation 1 shall be eith	ier	_% of the Annual



CHARITABLE ORGANIZATION 2:			
Official Name			
Mailing Address (grants are mailed directly to the charita	able organizatio	on)	
	I		
City	State	Zip)
Tax ID Number (if known)	 Email Addre	ess (if known) Org	ganization's Website (if knowr
Tax ib Number (ii known)	Liliali Addit	oss (ii kilowii)	Jamzation's Website (ii knowi
Contact Person at Organization	Contact Ph	one	
If an Annual Grant is Recommended, the annual g Value, or \$	rant to Chari	table Organization 1 shall be either	% of the Annual
6.FINANCIAL PROFESSIONAL INFORMATION (TO BE To prevent delays, please complete this section in its e		BY THE FINANCIAL PROFESSIONAL, I	F ANY):
Financial Professional	l	Name of Firm	
Email Address		Phone Number	
Email Address	I		I
Main Office Address	City	State	Zip
Branch Address	_City		_ Zip
Signature			
O.g. initial o		Date	
7.RECOMMEND AN INVESTMENT STRATEGY: The DAF Program offers multiple investment strategies to 100 percent of the initial and future contributions to the	DAF are subjec	t to such investment strategy (until the G	rant Advisor with respect to
such DAF recommends an approved change of investme once per calendar quarter).	ent strategy wit	n respect to such DAF, which change, II ar	ry, shall not occur more than
Broad Market		Flex	
Lifestula lacerna (Terresti 2006 Fauitta)		TIAA-CREF Money Market	
Lifestyle Income (Target: 20% Equity)		TIAA-CREF Short-Term Bond	<u></u> %
Lifestyle Conservative (Target: 40% Equity)	%	TIAA-CREF Core Bond	%
Lifestyle Moderate (Target: 60% Equity)	%	TIAA-CREF Bond Index	%
Lifestyle Growth (Target: 80% Equity)		TIAA-CREF SOCIAL CHOICE BOND	%
Ellestyle Growth (Target: 80% Equity)		TIAA-CREF SOCIAL CHOICE EQUITY	
Lifestyle Aggressive (Target: 100% Equity)	%	TIAA-CREF Equity Index	
		TIAA-CREF Social Choice Low Carb	on Equity \(\bigcup \qquad \q
		TIAA-CREF Growth & Income	%
		TIAA-CREF International Equity Ind	ex
		TIAA-CREF International Equity	



Contributions to a Fund are not held in a segregated investment account. Instead, all contributions to all Funds within the RCF Giving Fund for which the same investment strategy has been selected are aggregated into one investment. RCF maintains individualized records with respect to each Fund, allowing each Donor or Grant Advisor of a specific Fund to view at any given time the investment balance, contribution history and grant history with respect to such Fund.

8. ACKNOWLEDGMENTS

The RCF Giving Fund RCF Giving Fund Program is a program sponsored and operated by Renaissance Charitable Foundation Inc., a 501(c) (3) national public charity under the Internal Revenue Code of 1986.

BY SIGNING THIS APPLICATION:

The undersigned person or persons (hereafter referred to in the singular as Donor) authorizes the RCF Giving Fund RCF Giving Fund Program to establish a Donor-Advised Fund. The Donor hereby acknowledges that Donor has received and read the DAF Program Circular and agrees to be legally bound by (1) the terms and conditions of the RCF Giving Fund Circular, as currently in effect and as amended from time to time, (2) the terms and conditions of the Application, or (3) any selection or recommendation made by Donor from time to time, whether in the Application, any other document or form related to the Donor-Advised Fund or otherwise communicated by the Donor, directly or indirectly, to RCF.

The Donor is aware that any recommendation suggested by the Donor in Donor's capacity as Grant Advisor, including concerning the selection of the investment strategy or the investment adviser or the amount or recipient of any grant award to any charitable organization, is advisory in nature. While any such recommendation of Donor will be considered by RCF, RCF has the sole and exclusive authority and discretion to reject any recommendation and make its own determinations, including as to the investment and disbursement of any contributions to any Donor-Advised Fund. The Donor understands that no grant may be made to a private non-operating foundation to satisfy a pre-existing pledge, for any private benefit (dues, membership, etc.) or to support any political campaign activity. The Donor understands that any contribution that Donor makes to RCF through the DAF Program is irrevocable and not refundable to Donor for any reason.

The Donor realizes that any dividend interest and capital gain generated from any Donor-Advised Fund belong to RCF; therefore, the Donor cannot and will not claim that income as additional tax deductions. Once any contribution is accepted, it is the property of RCF, governed by an independent Board of Directors. The Donor understands that RCF will charge the Fund (and deduct from any Fund balance) all applicable administration fees and investment advisory fees, in each case, consistent with its standard procedures. The Donor certifies that, to the best of the Donor's knowledge, all information presented in connection with this Application is accurate and agrees to notify RCF promptly of any changes.

Signature	Date
Printed Name of Donor	
Signature	Date
Printed Name of Donor	
If married, both donors should sign.	

Return completed form to:
RCF Giving Fund Donor-Advised Fund Program

8888 Keystone Crossing Suite 1222 Indianapolis, IN 46240 Phone: (800) 918-3650 Foundation Fax: (877) 222-1829 Email: rcfgivingfund@reninc.com

or visit our website at: rcfgivingfund.donorfirstx.com