

This form should be used to notify Renaissance Charitable Foundation Inc. that a gift of securities or cash to a Donor-Advised Fund is being initiated by the person making the gift or by the Financial Advisor of the person. The person making a gift must complete the letter of authorization transfer form of the custodian that holds the asset that the person intends to transfer, and submit the same to the custodian or the person's Financial Advisor, in order for the transfer to be initiated. If completing by hand, please print clearly in CAPITAL LETTERS using blue or black ink.

1. NAME OF DONOR-ADVISED FUND

Name of Donor-Advised Fund

2. SOURCE OF GIFT (ADDITIONAL CONTRIBUTION) TO DAF

A gift (additional contribution) with respect to the Fund may be made by any person, including the original Donors, their family members, or the friends or acquaintances of any of them. Please provide the following information for the person(s) making this gift (additional contribution) to the Fund. If the original Donor is the person making this gift (additional contribution), only the name of the Donor is required (in addition to any information that has changed since the submission of the Donor-Advised Fund Application.)

PERSON MAKING THE GIFT

| ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (Specify Above) |) Full Name | | |
|--|----------------|--------------|--|
| Social Security Number | Date of Birth | | |
| Street Address | | | |
| City | State | Zip | |
| Home Phone | Business Phone | Mobile Phone | |
| Email Address | | | |
| Account Number PERSON MAKING THE GIFT | | | |
| ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify) | Full Name | | |
| Social Security Number | Date of Birth | | |
| Street Address | | | |
| City | State | Zip | |
| Home Phone | Business Phone | Mobile Phone | |
| Email Address | | | |
| Account Number | | | |



3. SECURITIES BEING GIFTED TO RENAISSANCE CHARITABLE FOUNDATION INC.

| Name of Custodian (that hold | s and will deliver the securities) | Owner(s) of Security | |
|---------------------------------|-------------------------------------|----------------------|----------------------|
| Name of Security Issuer | CUSIP or Symbol | No. of Shares | Approx. Dollar Value |
| | | | |
| Name of Custodian (that hold | s and will deliver the securities) | Owner(s) of Security | |
| Name of Security Issuer | CUSIP or Symbol | No. of Shares | Approx. Dollar Value |
| Name of Custodian (that hold | ls and will deliver the securities) | Owner(s) of Security | |
| Traine or outstanding that hold | o and min deliver the ecounties, | owner(e) er eeeunty | |
| Name of Security Issuer | CUSIP or Symbol | No. of Shares | Approx. Dollar Value |
| | | | |
| Name of Custodian (that hold | ls and will deliver the securities) | Owner(s) of Security | |
| Name of Security Issuer | CUSIP or Symbol | No. of Shares | Approx. Dollar Value |
| | | - () () | |
| Name of Custodian (that hold | ls and will deliver the securities) | Owner(s) of Security | |
| Name of Security Issuer | CUSIP or Symbol | No. of Shares | Approx. Dollar Value |
| | | | |
| Name of Custodian (that hold | ls and will deliver the securities) | Owner(s) of Security | |
| Name of Security Issuer | CUSIP or Symbol | No. of Shares | Approx. Dollar Value |
| N | | - () () | |
| Name of Custodian (that hold | ls and will deliver the securities) | Owner(s) of Security | |
| Name of Security Issuer | CUSIP or Symbol | No. of Shares | Approx. Dollar Value |
| Name of Quateries (that be all | ls and will deliver the securities) | Owney of Committee | |
| ivairie of Gustodian (that hold | s and will deliver the securities) | Owner(s) of Security | |
| Name of Security Issuer | CUSIP or Symbol | No. of Shares | Approx. 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 3.



4. DELIVERY INSTRUCTIONS

DTC/ACAT

Broker-Dealer Name: Wells Fargo Account Name: Renaissance Charitable Foundation.

DTC Participant #: 0141 Account #: 1500-6287

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.

A Donor to a Donor-Advised Fund may transfer cash (via wire or check) to Renaissance Charitable Foundation Inc. per the instructions below. You or your Financial Advisor must initiate all transfers to Renaissance Charitable Foundation Inc.

CASH GIFTS

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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

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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





The undersigned person(s) making this gift (hereafter referred to in the first person singular) makes an irrevocable and non-refundable gift for charitable purposes to Renaissance Charitable Foundation Inc. (the "Foundation"). By signing below, I hereby acknowledge that the Donor-Advised Fund is subject to the terms and conditions of the RCF Giving Fund Program's Guide, as amended from time to time (the "Guide"), the RCF Giving Fund Program's application (the "Application") and I agree that my gift is subject to the terms and conditions of the Guide and Application. I certify that, to the best of my knowledge, all information presented in connection with this Notification of Gift Form is accurate and agree to notify the Foundation promptly of any change. I understand that the Foundation has the sole and exclusive authority and discretion to invest and disburse the property hereby transferred.

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 3.

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

Printed Name of Donor

If married, both donors MUST sign.

RETURN COMPLETED FORM 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

Visit our website at: rcfgivingfund.donorfirstx.com