

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 \$1,000. If you need assistance, you may contact your financial advisor or call 888-754-1357.

## Return completed forms to:

Regal Charitable Fax: 877-222-1829 Email: regal@reninc.com

c/o Renaissance Charitable Foundation 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	f birth				
Street address								
City/State/Zip								
Home phone			Business p	ohone				
Email address								
ADDITIONAL DONOR*  Mr. Mrs. Ms.								
Full name								
Social Security number			Date of	f birth				
Street address								
City/State/Zip								
Home phone			Business p	ohone				
Email address								

https://regal.reninc.com

<sup>\*</sup> 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 (	Check (payable to Renaissance Charitable Foundation Inc.)				
\$	Wire Tra	Wire Transfer				
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.

#### WIRE TRANSFER INFORMATION

**WIRE, CHECK & ACH** 

Bank: Wells Fargo ABA: 121000248

**Acct. Number:** 4129545810

Acct. Name: Renaissance Charitable Foundation

**DTC INSTRUCTIONS** 

**DTC:** 0226 **Firm:** Fidelity

Further credit to Renaissance Charitable Foundation Inc.

**Acct. Number:** 676556198

**Tax ID:** 35-2129262

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All managers re	tained by the Foundation must adhere to the Foundation's investment policies.						
Company							
Name							
Street address							
City/State/Zip							
Phone Number	Fax Number						
Email address							
■ INVESTMENT MODELS  Please select one of the following investment models:  □ Conservative □ Moderate □ Aggressive							
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 F	Record, I hereby name the following person as my successor:						
Full name or na	me of charity						
Street address							
City/State/Zip							
Home phone							
Email address							
Tax ID or SSN							

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### 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

### Return completed form to:

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c/o Renaissance Charitable Foundation

Inc.

8888 Keystone Crossing

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Indianapolis, IN 46240

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or visit our web site at: https://regal.reninc.com