

COMMONWEALTH *Charitable Fund*

Account Information **CHANGE FORM**

Please complete all information in this application form. Print in ink or type. If you need assistance, you may contact your financial advisor or call (888) 487-8490.

Return completed forms to:

Commonwealth Charitable Fund

8888 Keystone Crossing

Suite 1222

Indianapolis, IN 46240

Fax: (877)-736-4620

Email: cfndaf@reninc.com

DONOR-ADVISED FUND INFORMATION

| | |
|----------------------------------|--|
| Fund name | |
| Account # or Donor of Record SSN | |

PERSONAL INFORMATION CHANGE:

GRANT ADVISOR 1

| | |
|---|--|
| Full name | |
| Street address | |
| City/State/Zip | |
| Home phone | |
| Business phone | |
| Email address | |
| Grant Advisor of Record? <input type="checkbox"/> yes <input type="checkbox"/> no | |

GRANT ADVISOR 2

| | |
|---|--|
| Full name | |
| Street address | |
| City/State/Zip | |
| Home phone | |
| Business phone | |
| Email address | |
| Grant Advisor of Record? <input type="checkbox"/> yes <input type="checkbox"/> no | |

SUCCESSOR GRANT ADVISOR CHANGE:

| | |
|----------------|--|
| Full name | |
| Street address | |
| City/State/Zip | |
| Home phone | |
| Business phone | |
| Email address | |
| Succeeds | |

If appointing a Successor Grant Advisor, please indicate when the succession occurs:

- ☐ Effective immediately
☐ Effective at death of the current Grant Advisor

■ GRANT ADVISOR LIMITATIONS

- ☐ The person(s) or organization named under Successor Grant Advisor may make grant recommendations up to the full amount of the fund.
- ☐ The person(s) or organization named under Successor Grant Advisor may make grant recommendation(s) from the fund each year subject to the following limitations.

Successor #1

Percent of fund or dollar amount

Successor #2

Percent of fund or dollar amount

Attach a list of any additional donors and the type of authority and percentages, if applicable, being assigned them.

■ CHANGE FUND NAME

New fund name

■ ACKNOWLEDGMENT

The undersigned Donor(s) (hereafter referred to in the first person singular) acknowledges that I have read the donor-advised fund program circular and understand that any recommendation is advisory only and is subject to the full and exclusive control and discretion of Renaissance Charitable Foundation Inc.

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

If married, both donors should sign.

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Email: cfndaf@reninc.com

or visit our web site at:

<https://cfndaf.donorfirstx.com>