

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

Fax: (877)-736-4620

Email: cfndaf@reninc.com

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. The DAF cannot be named exclusively after a person or entity and should have a suffix of "DAF", "Charitable Fund", etc. (Example: "John Smith Charitable Fund" or "John Smith DAF" is acceptable. "John Smith" is not an acceptable fund name)

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 send 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.***

☐ Account is being funded with a transfer from another DAF; Program Name: _____

JOURNAL

\$ _____	Journal from another Commonwealth account (Please utilize the Commonwealth Journal Request Form)
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CASH

\$ _____	Check (payable to Commonwealth Charitable Fund)
\$ _____	Wire Transfer (please request wire transfer instructions from your financial advisor)

You may wire cash or send 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	

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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		
Advisor 2		
Email address	Phone Number	

SUCCESSOR GRANT ADVISOR INFORMATION

The donor of record's successor has the right to make grant recommendations. Donors have two (2) alternative successor options. **Please choose one (1):**

- ☐ 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: (888) 487-8490
Fax: (877) 222-1829
Email: cfndaf@reninc.com

write to us at:
Commonwealth Charitable Fund
8888 Keystone Crossing
Suite 1222
Indianapolis, IN 46240

or visit our web site at:
<https://cfndaf.reninc.com>