ACCOUNT INFORMATION CHANGE



Any donor. Any gift. Any charity.

Please complete all information in this application form. This form may be completed by any Current Grant Advisor. Sign, and then email or fax.

Return completed forms to:

Email: ampf@reninc.com, Fa	ax: 877-736-4620				
► Donor-advised fund	l information				
Renaissance Charitable Founda	ation DAF Name				
Renaissance Charitable Founda	ation DAF Number				
You may □nd your Renaissa AMPF.DonorFirstX.com.	nce Charitable Fo	oundation DAF Num	ber on the Acco	unt Details page whei	n you log in to https://
Please tell us the name, SSN	, and contact info	rmation for the Curre	ent Grant Adviso	r completing this form	n.
Title			First Name		
Middle Initial			Last Name		
Suffix			SSN		
Phone			Email		
What would you like to upda Questions or need assistance					
Change Renaissance Charita	ble Foundation DAF	Name.			See Section 1
□ Name Change					See Section 2
Update Contact Information	and Communicatio	n Preference			See Section 3
Add or Update an Active Grant Advisor(s)			See Section 4		
Add or Update Successor Gra	ant Advisor(s) or Cha	ritable Beneficiary(ies)			See Section 5
Add, Remove, or Update you	r Financial Advisor Ir	formation			See Section 6
▶ 1. Change DAF name	e				
To update the name of your	DAF/Donor Advis	ed Fund, enter the na	ame below.		
New Giving Fund Name					

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Questions or need assistance? Call 800-281-4311.





▶ 2. Name change

Please tell us the current name we have on record, and the new name you would like us to use. Please include a copy of the official name change document.*

Former name 1*

Title	First Name	
Middle Initial	Last Name	
Suffix		
New name 1		
Title	First Name	
Middle Initial	Last Name	
Suffix		
Former name 2*		
Title	First Name	
Middle Initial	Last Name	
Suffix		
New name 2		
Title	First Name	
Middle Initial	Last Name	
Suffix	<u> </u>	'
Former name 3*		
Title	First Name	
Middle Initial	Last Name	
Suffix		
New name 3		
Title	First Name	
Middle Initial	Last Name	

Suffix

NOTE: In order for Renaissance Charitable Foundation to accept a name change, we must receive a copy of the official name change document.

^{*}Former Name (Name as it currently appears in RCF records)





▶ 3. Update conta	act information and communicat	tion preference		
Contact update 1:	for whom are you updating infor	rmation?		
First Name		Middle Initial		
Last Name				
	nformation you are changing and then cor	mplete the relevant items be	elow:	
☐ Mailing Address ☐ P	hone Number Email Address			
Address		City/State/Zip		
Country of Address		Country of Residence		
Country of Citizenship		Phone Number		
Email				
Contact update 2	: for whom are you updating info	rmation?		
First Name		Middle Initial		
Last Name				
Indicate what type of i	nformation you are changing and then cor	mplete the relevant items be	elow:	
☐ Mailing Address ☐ P	hone Number Email Address			
Address		City/State/Zip		
Country of Address		Country of Residence		
Country of Citizenship		Phone Number		

Email





▶ 4. Add or update an active grant advisor(s)

An Active Grant Advisor (unless also named as a Successor Grant Advisor) will not retain rights and/or access to the DAF upon the original donor's death. They will retain grantee rights/access to the account only while the original donor(s) are living and their access may be removed at any point.

4A. Active grant advisor(s)

Check one:	
Add Remove]Update
Title	SSN
Relationship to Original Donor	Name of Active Grant Advisor #1
DOB	Street Address
City/State/Zip	Country of Address
Country of Residence	Country of Citizenship
Phone Number	Email*
Check one:	
Add Remove	Update
Title	SSN
Relationship to Original Donor	Name of Active Grant Advisor #1
DOB	Street Address
City/State/Zip	Country of Address
Country of Residence	Country of Citizenship
Phone Number	Email*

^{*}Email is required to gain access to the online donor portal.





▶ 5. Add or update successor grant advisor(s) or charitable beneficiary(ies)

Your succession plan specifies how your DAF assets will be handled upon your death. Please copy this page to add or update additional successors.

5A. Successor grant advisor(s)

Check One:		
☐ Add ☐ Remove ☐ Update		
Title	SSN	
Relationship to Original Donor	Name of Active Grant Advisor #1	
DOB	Street Address	
City/State/Zip	Country of Address	
Country of Residence	Country of Citizenship	
Phone number	Email*	
Check One: □ Add □ Remove □ Update		
Title	SSN	
Relationship to Original Donor	Name of Successor Grant Advisor #1	
DOB	Street Address	
City/State/Zip	Country of Address	
Country of Residence	Country of Citizenship	
Phone Number	Email*	

Successor Grant Advisors must be 18 or older to provide grant or investment recommendations. If a DAF succession plan includes successor Grant Advisors, and no successor has reached the age of 18 at the time of the death, incapacitation or resignation of the last surviving Grant Advisor, RCF will proceed as follows:

- If no successor is at least age 15, RCF will make charitable grants from the DAF until the oldest successor Grant Advisor reaches the age of 18.
- If at least one successor is age 15 or older, RCF will maintain the DAF until the oldest successor Grant Advisor reaches the age of 18.

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^{*}Email is required to gain access to the online donor portal.





▶ 5. Add or update successor grant advisor(s) or charitable beneficiary(ies) - continued

5B. Recommend updates to charitab	le beneficiary(ies)		
If an Annual Grant is Recommended, the annual grant	to Charitable Organization 2	shall be either% of the	e Annual Value, or
\$			
Check One:			
Add Remove Update			
Name of Charitable Beneficiary #1		EIN	
Mailing Address		Daytime Phone Number	
City/State/Zip		Email	
Purpose If left blank, the default purpose will be "Use as Neede	ed."		
If an Annual Grant is Recommended, the annual grant \$ Check One:	to Charitable Organization 2 :	shall be either% of the	e Annual Value, or
Add Remove Update			
Name of Charitable Beneficiary #1		EIN	
Mailing Address		Daytime Phone Number	
City/State/Zip		Email	
Purpose	ad"	•	

ACCOUNT INFORMATION CHANGE



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▶ 6. Add, remove, or update your financial advisor information

By providing RCF with the name of your current Financial Advisor, you are authorizing RCF to share with such Financial Advisor,

	to the Renaissance Charitable Foundation. You may use t Advisor who currently has access to your DAF	this section	on to grant a Financial Advisor access to
Financial advisor 1	iavisor wito currently has access to your DAI		
Add Financial Advisor	Remove Financial Advisor Update Financial Advisor Informa	tion	
First Name	Last Name		
Company Name	Company Add	dress	
City/State/Zip	Phone		
Email	'	'	
Financial advisor 2			
Add Financial Advisor	Remove Financial Advisor Update Financial Advisor Informa	tion	
First Name	Last Name		
Company Name	Company Ado	dress	
City/State/Zip	Phone		
Email			
-	norize updates e read the Renaissance Charitable Foundation Program Cin. All recommendations are subject to the full and exclu		-
Renaissance Charitable F		sive legal	additiontly, control, and discretion of
5 5 .	e best of my knowledge, all information presented in cor nce Charitable Foundation in writing of any changes.	nnection	with this form is accurate, and I will
Signature		Date	
Drinted Name			

Return completed forms to:

Email: ampf@reninc.com, Fax: 877-736-4620

Questions or Need Assistance? Please call Renaissance Charitable Foundation at 800-281-4311.