









ESTABLISHING A1(12:0(17)81'

7RHVVDEOLVKD)XQGFRRPSOHWH(OGRZPHQW)XQGS\$SOLF DWLRO2QWKH\$SOLF DWLROXZLOOEHDVNHGWRQDPHWKH  
)XQG7\$LFDOOGRRQRUVFKRRVHDQDPHLQKRQRURIWKHPVHOYHWKHLUIDPLODUHODWLYHDIULHQGRUDFDXVHWKDWLW  
LPSRUWDQWWRWKHP

ODLOWKH\$SOLF DWLRODOROJZLWKDOLQOQWDFRQKQWDSOLF DWLROQVWRWKHEDGRZHVV

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5HQDLVVDQFHK&DULWDEOH)RXQGDWLRQ,QF

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5HQDLVVDQFHK&DULWDEOH)RXQGDWLRQ,QF  
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2QFH5)DSSURY HWWKHFROWULEXWLRQRXRURXULQYHVWPHQWDGYLVRULIGHVLUHGGZLOOUHFHLYHIXUWKHUFRRPPXQLFDW  
DOGLQVWUXFWLRQVIURP5)RQWULEXWLRQVSRVWSESZLOOEHUHWXUQHGWRRWKHGRORU

STATE DISCLOSURES

5HQDLVVDQFHK&DULWDEOH)RXQGDWLRQF LVUHLVWVHWRGOLFRQWULEXWLRQXHUWDXWKHUMXFKHUHLVWUDWUROXLUHG  
LQFOXGLQJWKMMWULFWRIBOXHE7KHIROORZLQJGLVFORVXUHQRWLFHVDUHUHTXLUHGEXWWDWHODZV

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67\$7( 2) )25,\$ 285 )25,\$ 5(%75\$7,21 180%(5 ,6 & 0\$5\$1' \$ FRS\ RI WKHFUHUHQW   
ILODQFLDQVDPWHPHQW)HQDLVVDQFHK&DULWDEOH)RXQGDWLRQF LV DYDLODEOH Z ULWLQHE   
5HQDLVVDQFHK&DULWDEOH)RXQGDWLRQF RUE\ FDOOLQJ RFXPHQWV DQG LQIRUPDWLRQREPLWWHGXGHUWKH   
ODUUDQG6ROLFLDQVDPWHPHQW)HQDLVVDQFHK&DULWDEOH)RXQGDWLRQF SRVWJHQG FRSLHVUIURP WKHODUODQG6HFUHWDR\   
6WDWV6WDWHWRXVH\$QQDSROLV 0,66,66,33, 7KH RIILFLDOHJLVWUDDOQDQLODQFLDO   
LQIRUPDWLRQHQDLVVDQFHK&DULWDEOH)RXQGDWLRQF PD\ EH REWDLOHGFRP WKHDLVVLVLSLHFUHWDR\6WDWHV   
RIILFHE\ FDOOLQJ 5HJLVWUDWLRQWKH6HFUHWDR\6WDWHVQRVLPSONHQGRUVPHEMVKH   
6HFUHWDR\6WDWHV(-56(< ,1)250\$7,21 ),(' :;7+ 7( \$77251(< (1(5\$/ &16,1\* 7,6   
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5HQDLVVDQFHK&DULWDEOH)RXQGDWLRQF PD\ EH REWDLOEGZ ULWLQHE (5HQDLVVDQFHK&DULWDEOH)RXQGDWLRQF   
RUE\ ZULWLQWKHIZ RUN 6WDWVWWRUOHQHUWDO&KDULWLHV%XU\$WVQ2,/ 2IILFHU %URDGZD   
1HZ RUN 1HZ RUN 1257+ &\$52,1\$ ),1\$1\$/ ,1)250\$7,21 %\$287 7,6 25\$1,\$7,21   
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3(1169\$1,\$ 7KH RIILFLDOHJLVWUDDOQDQFLDQVDPWHPHQW)HQDLVVDQFHK&DULWDEOH)RXQGDWLRQF PD\   
EH REWDLOHGFRP WKH8HQVQVYDQLB\$DUWPHQW 6WDWH\ FDOOLQVROHHz LWKLO3HQVYD   
5HJLVWUDVROQRVSONHQGRUVPHEMVKH5,\*1,\$ \$ FRS\ RI WKHFUHUHQWLODQFLDQVDPWHPHQW)HQDLVVDQFHK   
&DULWDEOH)RXQGDWLRQF LV DYDLODEOHXRUQHTXHVV Z ULWLQKIZIILFHR\ BOVXPHU #IIDLVHSDUWPHQW   
\$JULFXOWXDEG &RQVXPHU6HUylFHV2 %R[ 5LfkPROG 9\$ :\$6,1721 \$FRS\ RI WKH   
FXUHUHQWDOFLDQVDPWHPHQW)HQDLVVDQFHK&DULWDEOH)RXQGDWLRQF PD\ EH REWDLOHGFRPWKH2IILFHR\ WKH   
:DVKLOJWR6HFUHWDR\6WDWH\ FDOOLQVROH : (67 9,5,1,\$ :HW 9LUJLQDQVHVLGHQV   
REWDLO VXPDU\ RI WKHUHLVWUDVROQILODQFLDGRFXPHQWURP WKH6HFUHWDR\ 6WDWH6WDWV\$SLWRO   
&KDUOHVWDR\9LUJLQD 5HJLVWUDVROQRVSONHQGRUVPHEMVKH5,21,1 \$ FRS\ RI WKHODWHLVQDQFLDQ   
UHSRUWQHGLWKWKH:LVRQVLQHS\$DUWPHQWRI 5HJXODWLRQDQ /LFHQVLQJPD\ EH REWDLOHE\ ZULWLQV   
5HQDLVVDQFHK&DULWDEOH)RXQGDWLRQF 5(%75\$7,21 2(6 127 ,03/< (1256(0(17 \$33529\$/ 25   
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Any donor. Any gift. Any charity.

Please complete all information in this Application form. Print in ink or type. The minimum initial contribution is \$25,000. If you need assistance, you may contact your financial advisor or call 866-803-0389.

Return completed forms to:

Renaissance Charitable Foundation
8888 Keystone Crossing
Suite 1222
Indianapolis, IN 46240

Fax: 317-203-0866

Email: rcf@reninc.com

ENDOWMENT FUND INFORMATION

Your Endowment Fund (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

DONOR INFORMATION

DONOR OF RECORD\*

Mr. Mrs. Ms.

Form with fields: Full name, Date of birth, Street address, City/State/Zip, Social Security number, Home phone, Fax number, Email address, Business phone

ADDITIONAL DONOR\*

Mr. Mrs. Ms.

Form with fields: Full name, Date of birth, Street address, City/State/Zip, Social Security number, Home phone, Fax number, Email address, Business phone



Any donor. Any gift. Any charity.

CHARITABLE DISTRIBUTION MODEL

Please distribute funds to the following IRS-approved charities according to the schedule provided. Your total allocation must equal 100 percent. Many donors make additional contributions to their Fund; therefore, we strongly recommend charities receive a percentage of the Fund instead of a specific dollar value. Once the Endowment Fund is created, the charities cannot be changed.

CHARITY #1
Legal Name, Tax ID #, Street address, City/State/Zip, Phone, Email, Frequency, Grant Amount or Percent, Grant Purpose or Restriction

CHARITY #2
Legal Name, Tax ID #, Street address, City/State/Zip, Phone, Email, Frequency, Grant Amount or Percent, Grant Purpose or Restriction

CHARITY #3
Legal Name, Tax ID #, Street address, City/State/Zip, Phone, Email, Frequency, Grant Amount or Percent, Grant Purpose or Restriction

If you wish to include more than 3 charities in your distribution model, please include additional copies of this page with your Application.

**CONTRIBUTIONS**

You may wire cash or checks, as well as send securities, directly to the underlying investment account of your RCF account. [You or your financial advisor must initiate all transfers to RCF.](#)

\$	Check (payable to RCF)
\$	Wire Transfer (see instructions below)

**DTC  
Instructions**

DTC: #0352  
 Clearing Firm: JP Morgan Clearing Corp.  
 Bank Address: Indianapolis, IN  
 FBO: Renaissance Charitable Foundation Inc.  
 Account #: 739-43197

**Mail Checks to:**

Renaissance Charitable Foundation  
 8888 Keystone Crossing  
 Suite 1222  
 Indianapolis, IN 46240

**INVESTMENT MANAGER**

You may recommend the investment manager for your Fund; however, final selection of your Fund's investment manager will be made by RCF Inc. (Foundation). 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		





Any donor. Any gift. Any charity.

**ACKNOWLEDGMENT**

As the undersigned donor, I affirm or acknowledge that:

- o I have read this Application and the Program Circular and agree to the terms and conditions set forth;
- o Every gift to the Fund is an irrevocable and nonrefundable gift;
- o I am not creating a Donor-Advised Fund;
- o Renaissance Charitable Foundation may hire the investment advisor I recommend or hire a financial professional of its choosing to manage my Fund in accordance with its standard investment policy;
- o The charity(ies) listed, along with the designated distribution model, is(are) irrevocable and binding on me; and
- o To the best of my knowledge, all information presented in connection with this Application is accurate and I agree to notify Renaissance Charitable Foundation promptly of any changes.

Signature		Date
Printed Name of Donor		
Signature		Date
Printed Name of Donor		