

APPLICATION



**GLOBAL
GIFT FUND**

A donor-advised fund service of Renaissance Charitable Foundation Inc.
Endorsed by the MDRT Foundation

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 \$250. If you need assistance, you may contact your financial advisor or call 866-301-0845. Mail completed forms to:

GLOBAL GIFT FUND

8888 Keystone Crossing

Suite 1222

Indianapolis, IN 46240

or fax them to 877-736-4620

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 words "trust", "foundation," and "endowment" cannot be used in your fund name.

Fund Name: _____

Recommended Primary Charitable Purpose: _____

DONOR INFORMATION

Donor of Record:

Mr/Mrs/Ms: _____

Street Address: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: () _____ Business Phone: () _____ E-

mail Address: _____

Social Security Number: _____

Fax Number: () _____

Reports will be mailed to the Donor of Record only.

Additional donors:

Mr/Mrs/Ms: _____

Street Address: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: () _____ Business Phone: () _____ E-

mail Address: _____ Social Security Number: _____ Fax

Number: ()

Mr/Mrs/Ms: _____

Street Address: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: () _____ Business Phone: () _____ E-

mail Address: _____ Social Security Number: _____ Fax

Number: () _____



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CONTRIBUTIONS: Additional contributions may be made in cash or marketable securities.

Please complete the information requested below.

CASH (Indicate amount in space provided)

- \$ _____ Cash
- \$ _____ Check (payable to Renaissance Charitable Foundation Inc.)
- \$ _____ Cashier's check
- \$ _____ Wire transfer (please request wire transfer instructions from your financial advisor)

MARKETABLE SECURITIES

Please complete the information requested below and follow the transfer instructions from your financial advisor for the following 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)

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: _____



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**SUCCESSOR DONOR OF
RECORD 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 donor of record for the donor-advised fund; or
- To recommend that, upon the death of the fund's last surviving Donor of Record (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:

Mr/Mrs/Ms or name of charity: _____

Street Address: _____

City/State/Zip: _____

Phone Number: () _____ Tax ID or Social Security Number: _____

E-mail address: _____

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 donor 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 husband and wife, both should sign.

Call: 866.301.0845

Fax: 877.736.4620

write to us at:

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8888 Keystone Crossing

Suite 1222

Indianapolis, IN 46240

or visit our web site at:

www.globalgiffund.org