

Please complete this section to add or change Grant Advisors. Grant Advisors have the authority to recommend grants. These individuals will not succeed the donors unless they are named as Account Successors. Do not list Donor(s) named in Section 2 as Donors are automatically established as Grant Advisors.

CHOOSE TO: ADD UPDATE DELETE

GRANT ADVISOR 1:

First name	M.I.	Last name	Date of birth (mm/dd/yyyy)	SSN/TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address of residence (no P.O. Box address)		City	State	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different from above)		City	State	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number			
<input type="text"/>	<input type="text"/>			

CHOOSE TO: ADD UPDATE DELETE

GRANT ADVISOR 2:

First name	M.I.	Last name	Date of birth (mm/dd/yyyy)	SSN/TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address of residence (no P.O. Box address)		City	State	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different from above)		City	State	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number			
<input type="text"/>	<input type="text"/>			

Please complete this section to add or change successors to the account to succeed you in advising on the account after your death **OR** you can elect to have specific charities receive all or 4% annually of the remaining assets in the account.

Please fill in either the Account Successor(s) section below **OR** the Charitable Beneficiary(ies) section on the following page.

ACCOUNT SUCCESSOR(S)

Upon the death or incapacity of all the original donors of the account, please select one of the following options:

- Successors will succeed the account and share equal responsibility.
 Successors will split the account.¹

CHOOSE TO: ADD UPDATE DELETE

SUCCESSOR 1:

First name	M.I.	Last name	Date of birth (mm/dd/yyyy)	SSN/TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address of residence (no P.O. Box address)		City	State	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different from above)		City	State	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number			
<input type="text"/>	<input type="text"/>			

CHOOSE TO: ADD UPDATE DELETE

SUCCESSOR 2:

First name	M.I.	Last name	Date of birth (mm/dd/yyyy)	SSN/TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address of residence (no P.O. Box address)		City	State	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different from above)		City	State	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number			
<input type="text"/>	<input type="text"/>			

– OR –

1. The account will be divided equally among successors. Your financial professional will contact the successors to rename their account, and, if necessary, to reallocate the investments, and to name advisor(s) and successor(s) to the newly created donor-advised fund.

4 UPDATED ACCOUNT SUCCESSOR(S) OR CHARITABLE BENEFICIARY(IES) INFORMATION (cont'd.)

If you would like either all of the remaining assets in the account or 4% annually granted to a charitable organization(s) upon the death of all original donors, please complete this section in its entirety. In the event the recommended charity no longer exists or does not qualify to receive grants from a donor-advised fund, Renaissance Charitable Foundation Inc. will award grants to a charity similar to the original charity.

CHARITABLE BENEFICIARY(IES)

CHOOSE TO: ADD UPDATE DELETE

RECOMMEND: THE BALANCE OF THE ACCOUNT ASSETS 4% ANNUALLY OF THE ACCOUNT BALANCE

CHARITABLE ORGANIZATION 1:

Official Name

Mailing address (grants are mailed directly to the charitable organization) _____ City _____ State _____ ZIP _____

Tax ID number (if known) _____ Email address (if known) _____ Organization's website (if known) _____

Contact person at organization _____ Contact phone number () _____

GRANT PURPOSE

Does this grant have a special purpose?

The grant purpose is unrestricted

There is a special grant purpose: _____

CHOOSE TO: ADD UPDATE DELETE

RECOMMEND: THE BALANCE OF THE ACCOUNT ASSETS 4% ANNUALLY OF THE ACCOUNT BALANCE

CHARITABLE ORGANIZATION 2:

Official Name

Mailing address (grants are mailed directly to the charitable organization) _____ City _____ State _____ ZIP _____

Tax ID number (if known) _____ Email address (if known) _____ Organization's website (if known) _____

Contact person at organization _____ Contact phone number () _____

GRANT PURPOSE

Does this grant have a special purpose?

The grant purpose is unrestricted

There is a special grant purpose: _____

5 UPDATED AREA OF INTEREST

In the event that the account has no grant or contribution activity for three consecutive years, Renaissance Charitable Foundation Inc. will make reasonable attempts to contact the donor or named successors of record. If Renaissance Charitable Foundation Inc. cannot contact those parties, its Directors will direct grants from the account.

To honor your charitable intent, please indicate a charitable organization, area of interest or geographical area below to guide the Directors, if necessary, in making grants from the account.

Area of interest: (e.g., cancer research, education, historic preservation)

6 STATEMENTS

Donors will be provided with quarterly paper statements showing account balances and activity. Paper statements are mailed out to donors after the end of each quarter. Statements are also available online at ft.donorfirstx.com. If you provided your email address in Section 1 or Section 2, you will be notified via email when quarterly statements are available to view online, in addition to receiving paper statements. **To opt out of receiving paper statements, please check the box below.**

By checking this box, I am opting out of receiving paper statements.

7 DONOR SIGNATURE

DONOR SIGNATURE

X _____ Date _____

Please return this completed, signed form to your financial professional.

You may also submit the form to Renaissance Charitable Foundation Inc. by:

- Email to fcgf@reninc.com
- Fax to (877) 222-1829

Do not return this form to Franklin Templeton.

FOR FINANCIAL PROFESSIONAL USE ONLY

If required by your broker-dealer, a branch manager must provide a signature before this request can be processed.

Branch manager signature

Date

X _____



**FRANKLIN
TEMPLETON**



**Renaissance
Charitable**