



Since 2005, Franklin Templeton Charitable Giving Program has been serviced by Renaissance Charitable Foundation, an industry leader in philanthropic services. Please contact Renaissance Charitable Foundation at (800) 843-7997 if you require assistance completing this form.

Complete this form to recommend a grant to a charitable organization. To save time, a grant recommendation can also be made online through your Franklin Templeton Charitable Giving Program account access at ft.donorfirstx.com.

If completing by hand, please print clearly in CAPITAL LETTERS using blue or black ink.

1 ACCOUNT AND DONOR INFORMATION

Name of Account Account number

DONOR OR GRANT ADVISOR

First name M.I. Last name

Email address Phone number ()

2 GRANT RECOMMENDATION AND ACKNOWLEDGEMENT

I/We recommend a grant in the amount of \$ (minimum \$50) be made from the above-named account to the following charitable organization:

CHARITABLE ORGANIZATION

Official name

Address City State ZIP

Contact person at organization Contact phone number () Tax ID number (if known)

Organization's website (optional) Email (optional)

GRANT PURPOSE

Does this grant have a special purpose?

- The grant purpose is unrestricted
 There is a special grant purpose:

GRANT RECURRENCE Yes No

If yes, indicate recurrence interval: Monthly Quarterly Semiannually Annually
Start date (mm/dd/yyyy) End date¹ (mm/dd/yyyy)

GRANT ACKNOWLEDGEMENT

A letter accompanying your grant will be sent to your selected charity. Please indicate your preference for recognition or anonymity.

- Anonymous
 Recognize account name only
 Recognize account name and donor(s) and/or account advisor(s):
 Other recognition (In Honor of, In Memory of):

1. If no End Date is provided, the grant recurrence will continue until new instructions are received.

3 REQUIRED SIGNATURE

BY SIGNING BELOW, I/WE ACKNOWLEDGE THAT THIS GRANT IS NOT INTENDED TO:

- Fulfill a binding pledge. (A binding pledge is a pledge in which payment of funds can be enforced.)
- Acquire a benefit, goods or services for any specific individual or myself.
- Pay for dues, membership fees, tuition, goods from charitable auction, or other goods or services.
- Support a political campaign or lobbying activity.
- Support a private non-operating foundation.

I understand that this is a recommendation and not a direction. I understand that Renaissance Charitable Foundation Inc., reviews all grants to ensure that the organization is a legitimate charity under IRS regulations, and that the purpose of my grant is charitable in nature. Renaissance Charitable Foundation Inc., may deny my grant recommendation if the grant does not meet criteria for approval.

DONOR OR GRANT ADVISOR 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:

- Completing it online at ft.donorfirstx.com
- 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 _____

