



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.

Use this form to establish an account in the Franklin Templeton Charitable Giving Program with your irrevocable contribution of \$5,000 or more. To save time, a *Donor Contribution Agreement* can also be completed online through your Franklin Templeton Charitable Giving Program account access at [ft.donorfirstx.com](http://ft.donorfirstx.com).

Before completing this agreement, please read the *Franklin Templeton Charitable Giving Program Donor Program Circular and Forms* booklet and discuss with your financial professional how the program can help to meet your philanthropic goals. For your convenience, additional forms are available at [ft.donorfirstx.com](http://ft.donorfirstx.com). Please contact your financial professional for additional assistance.

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

## 1 NAME YOUR ACCOUNT

Please create a name for your Franklin Templeton Charitable Giving Program account. You can name the account after your family or any other name that you choose. With each grant recommendation, you may elect to have the accompanying letter acknowledge a donor's name, your personalized account name (e.g., The Smith Family Fund) or indicate an anonymous donor.

**ACCOUNT NAME:**

## 2 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 in order to guide the Directors, if necessary, in making grants from the account.

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

## 3 DONOR INFORMATION

Name the individual(s) who will contribute to and advise on the account. Please note that a Donor will automatically be established as a Grant Advisor. To name additional Grant Advisors, complete Section 4.

**PRIMARY DONOR:**

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"/>	<input type="text"/>
Mailing address (if different from above)	City	State	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number			
<input type="text"/>	( <input type="text"/> ) <input type="text"/>			

**SECONDARY DONOR:**

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"/>	<input type="text"/>
Mailing address (if different from above)	City	State	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number			
<input type="text"/>	( <input type="text"/> ) <input type="text"/>			

**4 GRANT ADVISORS**

You can name individuals to the account who will 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 3 as Donors are automatically established as Grant Advisors.

**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"/>	<input type="text"/>
Mailing address (if different from above)	City	State	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number			
<input type="text"/>	( <input type="text"/> ) <input type="text"/>			

**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"/>	<input type="text"/>
Mailing address (if different from above)	City	State	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number			
<input type="text"/>	( <input type="text"/> ) <input type="text"/>			

**5 ACCOUNT SUCCESSOR(S) AND CHARITABLE BENEFICIARY(IES)**

You can name 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.<sup>1</sup>

**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"/>	<input type="text"/>
Mailing address (if different from above)	City	State	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number			
<input type="text"/>	( <input type="text"/> ) <input type="text"/>			

**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"/>	<input type="text"/>
Mailing address (if different from above)	City	State	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number			
<input type="text"/>	( <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 investments and to name advisor(s) and successor(s) to the newly created donor-advised fund.

**5 ACCOUNT SUCCESSOR(S) AND CHARITABLE BENEFICIARY(IES) (cont'd.)**

**CHARITABLE BENEFICIARY(IES)**

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.

**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  
     (     )

**GRANT PURPOSE**

Does this grant have a special purpose?

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

**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  
     (     )

**GRANT PURPOSE**

Does this grant have a special purpose?

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

**6 FINANCIAL PROFESSIONAL INFORMATION (TO BE COMPLETED BY THE FINANCIAL PROFESSIONAL, IF ANY)**

**IMPORTANT:** To prevent delays, please complete this section in its entirety.

Financial professional     Name of firm  
    

Dealer number     Branch number     Rep number  
         

Email address     Phone number  
     (     )

Main office address     City     State     ZIP  
              

Branch address     City     State     ZIP  
              

Financial professional signature     Date

**7 CONTRIBUTION INFORMATION**

Prior to sending a contribution to your account via check, wire, ACH or transfer of stock/mutual funds, please notify Renaissance Charitable Foundation, Inc. by completing the "Plan a Contribution" section online, submitting an Additional Contribution Agreement form or calling (800) 843-7997. This process will not initiate your contribution or transfer; however, it will ensure the proceeds are allocated to the correct account. After you plan this contribution, you may submit your contribution or transfer.

The minimum initial contribution is \$5,000. Each individual asset must have an estimated fair market value of at least \$1,000. Please review the *Donor Program Circular* for information on asset types that can be contributed. You may also contact your financial professional for assistance.

**CASH** Dollar amount  Bank name (where cash is currently held, if applicable)

You may send cash via ACH or wire, or send checks directly to your Franklin Templeton Charitable Giving Program account at Renaissance Charitable Foundation Inc. Please note that Renaissance Charitable Foundation Inc. does NOT initiate the ACH or wire transfer.

**ACH**  
**Beneficiary Name:** Renaissance Charitable Foundation Inc.  
**Bank Name:** Wells Fargo Bank, N.A.  
**Bank City/State:** Minneapolis, MN  
**DDA/Account #:** 3249028071  
**ABA #:** 102307164  
**Account Type:** Checking  
**Donor Name/Account #:**

**WIRE**  
**Bank Name:** Wells Fargo Bank, N.A.  
**Bank Address:** 420 Montgomery St., San Francisco, CA 94104  
**Account Name:** Renaissance Charitable Foundation  
**Beneficiary Address:** 8888 Keystone Crossing, Suite 1222, Indianapolis, IN 46240  
**Account #:** 4483394052  
**ABA #:** 121000248  
**Memo:** Donor Name/Account #

**CHECK**

- Make payable to Renaissance Charitable Foundation Inc.
- Include the donor name, account name or account number in the memo section of the check
- Return check with this Agreement

**Mail check to:**  
Renaissance Charitable Foundation Inc.  
c/o Franklin Templeton Charitable Giving Program  
8888 Keystone Crossing, Suite 1222  
Indianapolis, IN 46240

**SECURITIES**  
Please note that Renaissance Charitable Foundation Inc. does NOT initiate the asset transfer. To transfer securities to your Franklin Templeton Charitable Giving Program account, contact the financial institution where the assets are currently held. Market conditions may affect your actual contributed amount.

**SECURITY 1:**  
Name of security

Number of shares <input type="text"/>	Estimated dollar value <input type="text"/>	Type of security (stock, bond, mutual fund) <input type="text"/>	CUSIP or symbol <input type="text"/>
	\$		

Physical certificate:  Yes  No

Where securities are currently held <input type="text"/>	Account number <input type="text"/>
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**SECURITY 2:**  
Name of security

Number of shares <input type="text"/>	Estimated dollar value <input type="text"/>	Type of security (stock, bond, mutual fund) <input type="text"/>	CUSIP or symbol <input type="text"/>
	\$		

Physical certificate:  Yes  No

Where securities are currently held <input type="text"/>	Account number <input type="text"/>
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**SECURITIES**  
Deliver all eligible securities to:  
**DTC/ACAT**  
**Bank Name:** Wells Fargo Clearing Services, LLC  
**DTC Participant #:** 0141  
**Account Name:** Renaissance Charitable Foundation Inc.  
**Account #:** 5545-7454  
**FBO:** Franklin Templeton Charitable Gift Program  
**Donor Name/Account #:**

**OTHER**  
For Physical Stock Certificates, Euroclear, GNMA/Government Securities, Foreign Equities, and DRS/DWAC Deliveries, please contact Renaissance Charitable Foundation Inc. at (800) 843-7997 to coordinate delivery.

**DONATION FROM OTHER CHARITABLE ORGANIZATION**  
Name of charitable organization

Type of contribution <input type="text"/>	Estimated dollar value <input type="text"/>
	\$

Special instructions

**8 FUND DESIGNATION**

Please select up to five different funds for your asset allocation.

- The total percentage must equal 100%.
- If a fund selection is not provided, the Franklin U.S. Government Securities fund will be the default investment option.

**PERCENTAGE**

**Global**

Templeton Growth Fund  %

**Growth**

Franklin Growth Opportunities Fund  %

Franklin Growth Fund  %

Franklin Small-Mid Cap Growth Fund  %

**Value**

Franklin Mutual Shares Fund  %

**Blend**

Franklin Rising Dividends Fund  %

**Fixed Income**

Franklin U.S. Government Money Fund  %

Franklin Total Return Fund  %

Franklin U.S. Government Securities Fund  %

**Hybrid**

Franklin Equity Income Fund  %

Franklin Income Fund  %

**TOTAL:**  **100 %**

**9 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](http://ft.donorfirstx.com). If you provided your email address in Section 3, 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.

Franklin Templeton Charitable Giving Program is a program operated by Renaissance Charitable Foundation Inc., a 501(c)(3) national public charity under the Internal Revenue Code of 1986.

**BY SIGNING THIS FORM:**

- I authorize Franklin Templeton Charitable Giving Program to establish a donor-advised fund account.
- I have received the *Donor Program Circular* and I understand that I am responsible for reading it. I agree to be legally bound to the *Donor Program Circular's* terms and conditions, as currently in effect and as amended from time to time, and the terms and conditions set forth in all related forms.
- I am aware that any recommendations I suggest will be considered but are subject to approval by the Board of Directors concerning the investment selections, grants and awards to any charitable organization.
- I understand that no grants may be made to a private non-operating foundation, to satisfy a binding pledge, for any private benefit (dues, membership, etc.) or to support any political campaign activities.
- I understand that any contributions I make to Renaissance Charitable Foundation Inc. through Franklin Templeton Charitable Giving Program are irrevocable contributions that are not refundable to me for any reason.
- I realize that any dividend interest and capital gains generated from my account belong to Renaissance Charitable Foundation Inc.; therefore, I cannot and will not claim that income as additional tax deductions. Once the contributions have been accepted, they are the property of Renaissance Charitable Foundation Inc., governed by an independent Board of Directors.
- I understand that Renaissance Charitable Foundation Inc. retains the final authority to determine the amount and recipient of any grant.
- I also understand that Renaissance Charitable Foundation Inc. will charge charitable administration fees in accordance with its standard procedures.

To the best of my knowledge, all information enclosed is accurate, and I will immediately notify Franklin Templeton Charitable Giving Program if any changes occur. My signature below constitutes my agreement and acceptance of all terms, conditions and features selected in all parts of this agreement and in all additional forms.

**SIGNATURES REQUIRED FROM ALL DONORS LISTED ON THE ACCOUNT**

Primary donor signature Date  
 X \_\_\_\_\_ |\_\_\_\_\_

Secondary donor signature Date  
 X \_\_\_\_\_ |\_\_\_\_\_

**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](http://ft.donorfirstx.com)
- Email to [fcgf@reninc.com](mailto: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**

