



**FRANKLIN
TEMPLETON**

Franklin Templeton Charitable Giving Program Donor Contribution Agreement

CGP-APP-0824

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.

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. 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"/> | |
| 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"/> | | | |

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"/> | |
| 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"/> | | | |

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"/> |
| 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"/> | | | |

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"/> | | | |

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.¹

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"/> | | | |

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 investments and to name advisor(s) and successor(s) to the newly created donor-advised fund.

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:

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

x

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.

| | | |
|--------------------------------------|---------------------|---|
| <input type="checkbox"/> 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 | Estimated dollar value \$ | Type of security (stock, bond, mutual fund) | CUSIP or symbol |
| | | | |
| Physical certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Where securities are currently held | Account number |

SECURITY 2:

| | | | |
|--|------------------------------|---|-----------------|
| Name of security | | | |
| Number of shares | Estimated dollar value \$ | Type of security (stock, bond, mutual fund) | CUSIP or symbol |
| | | | |
| Physical certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Where securities are currently held | Account number |

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 | Estimated dollar value \$ |
| 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. 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
- 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



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TEMPLETON**

**Renaissance
Charitable**

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