



**FRANKLIN TEMPLETON
INVESTMENTS**

Franklin Charitable Giving Program Donor Contribution Agreement

Use this form to establish an account in Franklin Charitable Giving Program with your irrevocable contribution of \$5,000 or more. Before completing this agreement, please read the Franklin Charitable Giving Program Donor Program Circular and discuss with your Financial Advisor how the program can help to meet your philanthropic goals.

Information in **bold** indicates a required field. For your convenience, additional forms are available at franklintempleton.com. Please contact your Financial Advisor for additional assistance.

1 NAME YOUR ACCOUNT

Please create a name for your Franklin 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 ACCOUNT INFORMATION

DONOR INFORMATION

PRIMARY DONOR:

First name Mr./Mrs./Ms.	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"/>
Phone number ()	Email address			
<input type="text"/>	<input type="text"/>			

SECONDARY DONOR:

First name Mr./Mrs./Ms.	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"/>
Phone number ()	Email address			
<input type="text"/>	<input type="text"/>			

4 ACCOUNT 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.

ADVISOR 1:

First name Mr./Mrs./Ms.	M.I.	Last name	Date of birth (mm/dd/yyyy)	SSN/TIN
Street address of residence (no P.O. Box address)	City		State	ZIP
Mailing address (if different from above)	City		State	ZIP
Phone number ()	Email address			

ADVISOR 2:

First name Mr./Mrs./Ms.	M.I.	Last name	Date of birth (mm/dd/yyyy)	SSN/TIN
Street address of residence (no P.O. Box address)	City		State	ZIP
Mailing address (if different from above)	City		State	ZIP
Phone number ()	Email address			

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) 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 Mr./Mrs./Ms.	M.I.	Last name	Date of birth (mm/dd/yyyy)	SSN/TIN
Street address of residence (no P.O. Box address)	City		State	ZIP
Mailing address (if different from above)	City		State	ZIP
Phone number ()	Email address			

1. The account will be divided equally among successors. Your financial advisor 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.

SUCCESSOR 2:

First name Mr./Mrs./Ms.	M.I.	Last name	Date of birth (mm/dd/yyyy)	SSN/TIN
Street address of residence (no P.O. Box address)	City		State	ZIP
Mailing address (if different from above)	City		State	ZIP
Phone number ()	Email address			

- OR -

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 ()			
This grant is intended for (special purpose, if any, such as a particular project, annual fund, etc.)				

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 ()			
This grant is intended for (special purpose, if any, such as a particular project, annual fund, etc.)				

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

Financial advisor		Name of firm			
Main office address		City	State	ZIP	
Branch address		City	State	ZIP	
Dealer number	Branch number		Rep number		
Email address		Phone number ()			
Advisor signature X			Date		

7 CONTRIBUTION INFORMATION

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 advisor for assistance.

 CASH

Dollar amount \$ _____ You may wire cash or send checks directly to your Franklin Charitable Giving Program account at Renaissance Charitable Foundation, Inc. Checks should be made payable to the Renaissance Charitable Foundation, Inc.

WIRE

Bank: JPMorgan Chase Bank, N.A.
ABA: 021000021
Account Name: Renaissance Charitable Foundation, Inc.
Account #: 42782-4383
Donor Name:

CHECK

Renaissance Charitable Foundation, Inc.
 8910 Purdue Road, Suite 555
 Indianapolis, IN 46268

 SECURITIES

Please see the Asset Transfer Request form for instructions on contributing publicly traded securities. 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 (Y or N)	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 (Y or N)	Where securities are currently held	Account number	

 DONATION FROM OTHER CHARITABLE ORGANIZATIONS

Name of charitable organization		
Estimated dollar value	Type of contribution	Special instructions
\$ _____		

Please recommend an asset allocation for your Franklin Charitable Giving Program account. **You may choose one predefined investment strategy OR create your own strategy.** Your total must equal 100 percent.

CHOOSE ONE OF THE FOLLOWING INVESTMENT STRATEGIES:

Predefined Strategy

- Franklin Corefolio® Strategy
- Franklin Founding Funds Strategy
- Franklin Growth and Income Strategy
- Franklin Fixed Income Strategy

– OR –

CREATE YOUR OWN GIVING STRATEGY:

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 Templeton 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%**

Franklin 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 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 understand that any contributions I make to Renaissance Charitable Foundation, Inc., through Franklin 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 a Board of Directors. 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 pre-existing pledge, for any private benefit (dues, membership, etc.) or to support any political campaign activities. I also understand that Renaissance Charitable Foundation, Inc., retains the final authority to determine the amount and recipient of any grant. To the best of my knowledge, all information enclosed is accurate, and I will immediately notify Franklin 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. I understand that Renaissance Charitable Foundation, Inc., will charge charitable administration fees in accord with its standard procedures.

SIGNATURES REQUIRED FROM ALL DONORS LISTED ON THE ACCOUNT

Primary donor signature

Date

Secondary donor signature

Date

Return this completed, signed agreement to your financial advisor.

Your financial advisor must enter this information online at franklintempleton.com and fax the completed, signed agreement to Renaissance Charitable Foundation, Inc., at (877) 222-1829. Do not return this form to Franklin Templeton Investments.

FOR FINANCIAL ADVISOR USE ONLY

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

Branch manager

Date