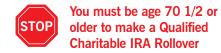
Qualified Charitable IRA Rollover APPLICATION

Please complete all information in this application form. Print in ink or type. The minimum initial contribution is \$25,000. If you need assistance, you may contact your financial advisor or call 800-584-8946.

Return completed forms to:

American Heart Association Donor Advised Fund Program 8910 Purdue Road, Suite 555 Indianapolis, IN 46268

Call: 800-584-8946 Fax: **877-222-1829** Email: heart@reninc.com



■ ENDOWMENT FUND INFORMATION

Your Endowment Fund (Fund) can be named after you or your family, or it can reflect an area of interest to you (e.g. John Donor Family Fund, or the Donor Fund for Community Health Education). Unless you choose

	mous, the name of your Fund will be used in correspondence tonts from the Fund.	the charitable organizations
Fund name		
DONOR INFO	PRMATION	
DONOR OF F		
	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other	
Full name*	Date of birth*	
Street address*		
City/State/Zip*	SSN*	
Home phone*	Fax number	
Email address*	Business phone	
* Indicates Required I	tems	
You may recommanager will be Foundation mus	STMENT MANAGER mend the initial investment manager for your Fund, however, find made by Renaissance Charitable Foundation Inc. (Foundation). It adhere to the Foundation's investment policies. If you do not reappoint one for your Fund.	All managers retained by the
Company		
Name		
Street address		
City/State/Zip		
Home phone	Fax number	
Email address		



■ CHARITABLE DISTRIBUTION MODEL

Please distribute funds to the following IRS-approved charities according to the schedule provided. Your total allocation must equal 100 percent. *Many donors make additional contributions to their Fund, therefore, we strongly recommend charities receive a percentage of the Fund instead of a specific dollar value.*

CHARITY #1			
Legal name		Tax ID#	
Street address			
City/State/Zip			
Home phone		Email	
Frequency	Grant Amou	unt or Percent	
Grant Purpose o	r Restriction		
OLIA DITY #0			
CHARITY #2		T. ID#	
Legal name		Tax ID#	
Street address			
City/State/Zip			
Home phone		Email	
Frequency	Grant Amou	unt or Percent	
Grant Purpose o	r Restriction		
CHARITY #3			
Legal name		Tax ID#	
Street address			
City/State/Zip			
Home phone		Email	
Frequency	Grant Amou	unt or Percent	
Grant Purpose o	r Restriction		

If you wish to include more than 3 charities in your distribution model, please include additional copies of this page with your Application.

Qualified Charitable IRA Rollover APPLICATION

■ CONTRIBUTIONS

You may wire cash or send stocks and securities, directly to your new account at Renaissance Charitable Foundation Inc. You or your financial advisor must initiate all transfers to Renaissance Charitable Foundation Inc.

CASH

\$ Check (payable to Renaissance Charitable Foundation Inc.)
\$ Wire Transfer (please request wire transfer instructions from your financial advisor)

Wire and ACH

Bank: The National Bank of Indianapolis

AHA: 074006674 **Acct. Number:** 1641695

Account Name: Renaissance Charitable Foundation

Inc., obo American Heart Association

Mail Checks to:

American Heart Association **Donor Advised Fund Program** 8910 Purdue Road, Suite 555 Indianapolis, IN 46268

DTC INSTRUCTIONS

DTC: #141

Clearing Firm: JP Morgan Clearing Corp.

Bank Address: Indianapolis, IN

Account Name: Renaissance Charitable Foundation Inc.

Account #: 668-0764

ACKNOWLEDGMENT

As the undersigned donor, I affirm or acknowledge that:

- I am age 70 1/2 or older
- I have read this Application and the Donor Guide and agree to the terms and conditions set forth
- · Every gift to the Fund is an irrevocable and nonrefundable gift
- I am not creating a Donor Advised Fund
- I cannot claim a charitable deduction for a Qualified Charitable IRA Rollover
- I cannot make any future recommendations to the Foundation about investments
- Renaissance Charitable Foundation, Inc. may hire the investment advisor I recommend or hire a financial professional of its choosing to manage my Fund in accordance with its standard investment policy
- The charity(ies) listed, along with the designated distribution model, is(are) irrevocable and binding
- To the best of my knowledge, all information presented in connection with this Application is accurate and I agree to notify Renaissance Charitable Foundation Inc. promptly of any changes

Signature	Date
Printed Name of Donor	