



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**



**You must be age 70 1/2 or older to make a Qualified Charitable IRA Rollover**

## ■ 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 to remain anonymous, the name of your Fund will be used in correspondence to the charitable organizations that receive grants from the Fund.

Fund name

## ■ DONOR INFORMATION

### DONOR OF RECORD

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 Items

## ■ INITIAL INVESTMENT MANAGER

You may recommend the initial investment manager for your Fund, however, final selection of your Fund's investment manager will be made by Renaissance Charitable Foundation Inc. (Foundation). All managers retained by the Foundation must adhere to the Foundation's investment policies. If you do not recommend a manager, the Foundation will appoint one for your Fund.

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 Amount or Percent	
Grant Purpose or Restriction			

### CHARITY #2

Legal name		Tax ID#	
Street address			
City/State/Zip			
Home phone		Email	
Frequency		Grant Amount or Percent	
Grant Purpose or Restriction			

### CHARITY #3

Legal name		Tax ID#	
Street address			
City/State/Zip			
Home phone		Email	
Frequency		Grant Amount or Percent	
Grant Purpose or Restriction			

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