

Donor-Advised Fund Application

To help fight the funding of terrorism and money laundering, federal law requires financial institutions to obtain, verify and record information that identifies each person who opens an account with that financial institution. To open a Donor-Advised Fund account (Charitable Account), you must provide your name, address, date of birth and other information requested by Ren, the Administrator of the Gift Trust, which may include a copy of your driver's license or other identifying documents.

For more information about the U.S. Charitable Gift Trust (Gift Trust) and its donor-advised funds, please refer to the Donor-Advised Funds' Gifting Booklet dated as of January 1, 2024, as it may be amended (Gifting Booklet).

Section 1: Donor Information

For corporate accounts, you must provide a copy of a corporate resolution, and at least two individuals (Donor Advisors) must be authorized to act on behalf of the organization.

Donor 1 Please complete all fields.

Mr. Mrs. Ms. Miss Dr. Organization/Entity Other (please specify) _____

Donor Name	Date of Birth	Social Security Number/Employer Identification Number
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Residential Street Address (P.O. Boxes are not allowed.)

City	State	Zip Code
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Daytime Phone Evening Phone (if different)

Email Address

Account Mailing Address (If different from Residential Street Address, P.O. Boxes are allowed.)

City	State	Zip Code
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If Donor 1 is not a U.S. citizen and cannot provide a social security number, please provide another government-issued identification number:

Government-Issued Identification Number	Identification Type (e.g., Passport)
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Donor 2 (if applicable) *Please complete all fields.*

Mr. Mrs. Ms. Miss Dr. Other (please specify) _____

Donor Name Date of Birth Social Security Number/Employer Identification Number

Residential Street Address (P.O. Boxes are not allowed.)

City State Zip Code

Daytime Phone Evening Phone (if different)

Email Address

Account Mailing Address (If different from Residential Street Address, P.O. Boxes are allowed.)

City State Zip Code

If Donor 2 is not a U.S. citizen and cannot provide a social security number, please provide another government-issued identification number:

Government-Issued Identification Number Identification Type (e.g., Passport)

Section 2: Donor Advisor Information (Optional)

I/We designate the individual(s) listed below as Donor Advisor(s) to my/our Charitable Account with authority to grant distributions from the Charitable Account to qualified charitable organizations of his/her/their choosing on a timeframe of his/her/their choosing. I/ We understand that all grant distributions are subject to the Gift Trust’s determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. *Please attach a separate page listing additional Donor Advisors if necessary.*

Donor Advisor 1 Please complete all fields.

Mr. Mrs. Ms. Miss Dr. Other (please specify) _____

Donor Advisor Name	Date of Birth	Social Security Number
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Residential Street Address (P.O. Boxes are not allowed.) _____

City	State	Zip Code
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Daytime Phone	Evening Phone (if different)
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Email Address (Unless indicated by checking the box below, all notifications regarding availability of account correspondence will be sent to this email address)

Please check here if Donor Advisor 1 would prefer to receive account correspondence by regular mail rather than electronically. If so, please provide a mailing address if different from the street address listed above.

Account Mailing Address (If different from Residential Street Address, P.O. Boxes are allowed.) _____

City	State	Zip Code
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Donor Advisor 2 (if applicable) Please complete all fields.

Mr. Mrs. Ms. Miss Dr. Other (please specify) _____

Donor Advisor Name	Date of Birth	Social Security Number
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Residential Street Address (P.O. Boxes are not allowed.)

City	State	Zip Code
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Daytime Phone	Evening Phone (if different)
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Email Address (Unless indicated by checking the box below, all notifications regarding availability of account correspondence will be sent to this email address)

Please check here if Donor Advisor 2 would prefer to receive account correspondence by regular mail rather than electronically. If so, please provide a mailing address if different from the street address listed above.

Account Mailing Address (If different from Residential Street Address, P.O. Boxes are allowed.)

City	State	Zip Code
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Note: If your Charitable Account has two or more Donor Advisors at the same time, their rights as Donor Advisors will be exercisable individually (i.e., each Donor Advisor has individual authority).

Section 3: Name of Your Charitable Account

Select a name for your Charitable Account, which may include your own name or that of your family (for example, "Smith Family Charitable Fund" or "John Q. Smith Family Foundation"). If you do not provide a name, the Charitable Account name will default to "(Donor Name) Charitable Fund" (or similar). The Gift Trust's Board of Directors (Board of Directors) reserves the right in its sole discretion to not approve or change a proposed Charitable Account name.

Proposed name of your Charitable Account: _____

Section 4: Contribution Information

The minimum initial contribution per Charitable Account is \$10,000.

Please provide to the best of your knowledge the estimated amounts/number of shares as this information will be used to match the contributions to your Charitable Account.

Check Check Amount \$ _____

Wire Wire Amount \$ _____ Bank Name _____

Publicly Traded Securities

Amount _____ Name of Security _____ Symbol _____ Number of Shares _____

Amount _____ Name of Security _____ Symbol _____ Number of Shares _____

Amount _____ Name of Security _____ Symbol _____ Number of Shares _____

Amount _____ Name of Security _____ Symbol _____ Number of Shares _____

Amount _____ Name of Security _____ Symbol _____ Number of Shares _____

If you are contributing shares of more than five different securities; attach a separate sheet listing the additional securities.

Note: Contributing federally tax-exempt securities, shares of funds holding federally tax-exempt securities, privately-held securities or cryptocurrency is not permitted.

All contributed property must be free and clear of any liens, encumbrances or other adverse claims, and must have been held by the Donor for more than one year at time of contribution.

If the contributed shares are considered restricted and/or subject to restrictions pursuant to Rule 144 under the Securities Act of 1933, as amended, please contact the Gift Trust or Ren to discuss prior to contributing.

All contributions must be liquid in nature, and the Gift Trust reserves the right to decline any contribution that the Trustee determines, in its sole discretion, may take an extended period of time to liquidate. A Donor with questions regarding whether a proposed contribution is acceptable should contact the Gift Trust or the Administrator prior to making the contribution.

For additional information on acceptable contributions of securities, please see the Gifting Booklet.

Transfer from other Charitable Organization

Please note that transfers from other charitable organizations are not considered tax deductible since the deductions were provided when the initial contribution was made to the original organization.

Name of charitable organization (if it's a Donor-Advised Fund, include the Organization and Account Name)

Estimated dollar value _____

Section 5: Designation of Charitable Account Financial Advisor

This section should be completed by the Donor's financial advisor.

Advisor's Firm

Advisor Name

Advisor Signature (Required)

Mailing Address

City

State

Zip Code

Telephone

Email Address

Fax Number (if available)

Support Team Member(s)

List any additional Team Member(s) who need access to the Gift Trust website. Listed individuals may have access to this Charitable Account along with providing servicing items for this Charitable Account.

First Name

Last Name

Email Address

First Name

Last Name

Email Address

For Financial Advisors that are Broker-Dealers:

Broker Firm-Dealer Firm

Branch Number (Required)

Representative Number (Required)

Please check this box if you are a financial advisor and elect to waive your Fundraising and Servicing Fee and request the Institutional Fee Schedule apply to the Donor's contribution.

Section 6: Investment of Initial Contribution

I/We request that my/our contribution be allocated among the Donor-Advised Funds as indicated below. Percentages do not have to be equal, but must total 100%. You may request exchanges among the Donor-Advised Funds up to two times per calendar year, subject to the Board of Directors' approval.

Note: Contributions not allocated to one of the investment options below will be placed in the Cash Management Fund until the Donor requests a specific investment allocation.

_____ % Growth Fund

_____ % Cash Management Fund

_____ % Growth & Income Fund

_____ % Calvert Responsible Investing Growth Fund

_____ % Income Fund

_____ % Calvert Responsible Investing Moderate Fund

_____ % Gift Preservation Fund

_____ % Calvert Responsible Investing Conservative Fund

Section 7: Charitable Account Designations

Upon the death(s), incapacity, other disqualification or earlier assignment of the Donor(s) and Donor Advisor(s) listed in Sections 1 and 2, respectively, of this Application, the value of your Charitable Account must be allocated using the options detailed below. **All Charitable Accounts must have a designated termination plan upon the death of all Donor(s) and Donor Advisor(s) listed in Section 1 and 2.** Failure to choose and complete an option may result in your application being denied or delayed. Option A may be changed by you at any time by submitting a written request. Option B, C, or D may also be changed by submitting a written request unless you have chosen to make your election irrevocable. Please refer to the Gifting Booklet for details.

Option A _____ % Designating Successor Donor Advisor(s) to Grant Distributions

The Donor(s) may name Successor Donor Advisors to continue the grant selection process after the death, incapacity, other disqualification or earlier assignment by the Donor(s) and each Donor Advisor listed in Sections 1 and 2, respectively, of this Application.

I/We designate the individual(s) listed below as Successor Donor Advisor(s) to the above percentage of my/our Charitable Account, with authority to grant distributions from the Charitable Account to qualified charitable organizations of his/her/their choosing on a timeframe of his/her/their choosing. I/We understand that all grant distributions are subject to the Gift Trust's determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. *Please attach a separate page listing additional Successor Donor Advisors if necessary.*

Successor Donor Advisor 1

Name	Date of Birth	Social Security Number
Mailing Address		
City	State	Zip Code
Daytime Phone	Email Address	

Successor Donor Advisor 2 (if applicable)

Name	Date of Birth	Social Security Number
Mailing Address		
City	State	Zip Code
Daytime Phone	Email Address	

Note: If your Charitable Account has two or more Successor Donor Advisors at the same time, their rights as Successor Donor Advisors will be exercisable individually (i.e., each Successor Donor Advisor has individual authority).

Option B _____ % Immediate Distribution of Charitable Account Assets

I/We direct the distribution of the above percentage of my/our Charitable Account assets to the qualified charitable organizations listed below in the percentages specified. I/We understand that all grant distributions are subject to the Gift Trust's determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. *Percentages within Option B indicated below must total 100%. (Donors may attach additional sheets and list up to a total of ten charitable organizations.)*

Please check this box if you choose to make selection of this Option and the designations below irrevocable.

1st Organization

Organization Name Federal Tax ID Number (if known) Phone

Mailing Address

City State Zip Code

Percentage (%) of Available Charitable Account Balance Special Allocation or Purpose (if applicable)

2nd Organization

Organization Name Federal Tax ID Number (if known) Phone

Mailing Address

City State Zip Code

Percentage (%) of Available Charitable Account Balance Special Allocation or Purpose (if applicable)

Option C _____ % Establishing a Charitable Endowment

I/We direct the establishment of an endowment from the above percentage of my/our Charitable Account to provide annual grants from my/our Charitable Account to the qualified charitable organizations listed below in the percentages specified. I/We understand that all grant distributions are subject to the Gift Trust's determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. Percentages within Option C indicated below cannot exceed 100%. (Donors may attach additional sheets and list up to a total of ten charitable organizations.)

Please check this box if you choose to make selection of this Option and the designations below irrevocable.

1st Organization

Organization Name Federal Tax ID Number (if known) Phone

Mailing Address

City State Zip Code

Special Allocation or Purpose (if applicable)

Distribute Annually _____ % or \$ _____ of Available Charitable Account Balance

2nd Organization

Organization Name Federal Tax ID Number (if known) Phone

Mailing Address

City State Zip Code

Special Allocation or Purpose (if applicable)

Distribute Annually _____ % or \$ _____ of Available Charitable Account Balance

Option D _____ % Supporting the Gift Trust General Fund

I/We direct the immediate distribution of the above percentage of the Charitable Account's assets to the general fund maintained by the Gift Trust and request (*choose one of the below*):

Support of the below-listed permitted charitable purposes (e.g., medical research or education) from which the Board of Directors will choose specific qualified charitable organizations as grant recipients; or

That the Board of Directors choose the charitable purpose and specific qualified charitable organizations as grant recipients.

Please check this box if you choose to make selection of this Option and the designations below irrevocable.

Recommended charitable purposes (if applicable): _____

Section 8: Donor Signature(s)

1. I/We declare that the contribution described in this Application is irrevocable and is not subject to amendment or modification other than as set forth in Section 7.
2. I/We represent that the information provided in this Application is complete and accurate as of the date hereof, and will remain so at the time of any additional contributions that I/we may make to the Gift Trust unless I/we notify the Administrator otherwise in writing.
3. I/We represent and warrant that the information provided by me/us on this Application is true and correct and I/we will indemnify the Gift Trust and the trustee of the Gift Trust against any losses they may suffer due to any misrepresentations, breach or failure of such representations.
4. I/We acknowledge that, before making this contribution, I/we have carefully read the Gifting Booklet, and understand and agree to its terms and conditions.
5. I/We acknowledge that before making this transfer, I/we have reviewed the Donor identification requirements set forth on page 1 of this Application and agree to the terms and conditions of such requirements.
6. If I am/we are contributing securities to the Gift Trust, I/we represent and warrant that I/we have held such securities for more than one year and such securities meet all acceptance criteria set forth in the Gifting Booklet.
7. If I am/we are contributing securities to the Gift Trust, I/we represent and warrant that the securities are not restricted for public sale by the Gift Trust and not otherwise subject to restrictions pursuant to Rule 144 under the Securities Act of 1933, as amended, or, if they are restricted or are potentially restricted for public sale, I/we have informed the Gift Trust or Ren of this fact and have provided the Gift Trust and Ren with all information requested by them regarding such restrictions.
8. If I am/we are contributing securities to the Gift Trust, I/we represent and warrant that I/we understand that my/our Charitable Account will, with respect to such contribution, be credited with that number of units of the applicable Donor-Advised Fund equal to the net proceeds (gross proceeds less brokerage commissions and any other fees) received upon settlement of the sale of such securities by the Administrator divided by the net asset value (NAV) per unit of such Donor-Advised Fund on the date the sale proceeds are used to acquire units of the applicable Donor-Advised Fund. I/we represent and warrant that I/we understand that the net proceeds received from the sale of the securities I/we contribute may be materially less than the value of the securities at time of contribution and that the NAV per unit of the applicable Donor-Advised Fund on the date the sale proceeds are used to acquire units may be materially higher than on the date of contribution, and that neither the timeliness of the sale of the securities I/we contribute nor the number of Donor-Advised Fund units that my/our Charitable Account will be issued with respect to the securities I/we contribute can be guaranteed.

Donor 1 Signature

Date

Donor 1 Name (please print)

Donor 2 Signature

Date

Donor 2 Name (please print)

Contributing to the U.S. Charitable Gift Trust

Please send your completed Donor-Advised Fund Application (Application)* to the Administrator, Ren, at the following address, email or fax and follow the asset transfer instructions below.

U.S. Charitable Gift Trust
 c/o Ren
 8910 Purdue Road, Suite 500, Indianapolis, IN 46268

Email: uscgt@reninc.com
 Phone: 1-800-664-6901
 Fax: 1-877-227-3479

Contribution Type	Instructions
Cash	
Check	<ul style="list-style-type: none"> ▪ Make payable to U.S. Charitable Gift Trust ▪ Include the donor name, account name or account number in the memo section of the check ▪ Submit check along with Application
Wire	Bank Name: Wells Fargo Clearing Services, LLC. Bank Address: 420 Montgomery St., San Francisco, CA 94104 Account Name: U.S. Charitable Gift Trust Account Number: 4529914723 ABA #: 121000248 FBO: Donor Name/DAF Account Number (if known)
Eligible Securities**	
<p>Please note that the U.S. Charitable Gift Trust (Gift Trust) does not initiate the asset transfer.</p> <p>To transfer securities to the Gift Trust, contact the financial institution where the assets are currently held and provide the DTC instructions provided or complete the Letter of Authorization Form (Donors are responsible to submit form to the firm holding assets).</p>	<p>DTC Instructions</p> <p>Deliver all eligible securities/mutual funds to:</p> <p>Bank Name: Wells Fargo Clearing Services, LLC Bank Address: 420 Montgomery St., San Francisco, CA 94104 DTC Number: 0141 Account Name: U.S. Charitable Gift Trust Account Number: 1614-4242 FBO: Donor Name/DAF Account Number (if known)</p>
Transfer from other Charitable Organization	
<p>Complete an Application. In the case of a contribution from another donor-advised fund program, submit a grant request from the donor-advised fund program to contribute assets to the U.S. Charitable Gift Trust FBO of Donor or Account Name. The Gift Trust's tax ID is 31-1663020.</p>	
Others	
<p>Please contact the Administrator for additional information about contributing the following:</p>	<ul style="list-style-type: none"> ▪ Stock Certificate ▪ Stock held with a Transfer Agent ▪ Stock held in a Dividend Reinvestment Plan ▪ Restricted Publicly Traded Securities ▪ Thinly Traded Securities

*If this is an additional contribution to an existing Charitable Account, please send a completed Additional Contribution Form in lieu of the Application.

**Contributing federally tax-exempt securities, shares of funds holding federally tax-exempt securities, privately-held securities or cryptocurrency is not permitted. All contributed property must be free and clear of any liens, encumbrances or other adverse claims, and must have been held by the Donor for more than one year at time of contribution. For additional information on acceptable contributions of securities, please see the Gifting Booklet.

Letter of Authorization to Transfer Securities

Please note that the U.S. Charitable Gift Trust does not initiate the asset transfer. Complete the Letter of Authorization form only if you are not using your own transfer forms. Submit completed form to financial institution where the assets are currently held.

Instructions to the Broker-Dealer (or other custodian) holding assets: As instructed by the client, please deliver the indicated securities to U.S. Charitable Gift Trust. All transfers are to be made in kind.

Deliver all eligible securities/mutual funds to:

Bank Name: Wells Fargo Clearing Services, LLC.
Bank Address: 420 Montgomery St., San Francisco, CA 94104
DTC Number: 0141
Account Name: U.S. Charitable Gift Trust
Account Number: 1614-4242
FBO: _____ Donor Name/DAF Account Number (if known) _____

Name of Broker-Dealer (or Other Custodian) Holding Assets Date Daytime Phone

Mailing Address

City State Zip Code

Dear: _____ (Name of Broker-Dealer (or Other Custodian) Holding Assets)

Please accept this letter as my/our authorization to irrevocably transfer the following position(s) from my/our account, provided below to U.S. Charitable Gift Trust.

From: _____ (My/Our Account Number)

- 1. _____
Number of Shares Approximate Dollar Amount Name of Security (and symbol, and/or cusip if known)
- 2. _____
Number of Shares Approximate Dollar Amount Name of Security (and symbol, and/or cusip if known)
- 3. _____
Number of Shares Approximate Dollar Amount Name of Security (and symbol, and/or cusip if known)
- 4. _____
Number of Shares Approximate Dollar Amount Name of Security (and symbol, and/or cusip if known)
- 5. _____
Number of Shares Approximate Dollar Amount Name of Security (and symbol, and/or cusip if known)

If you are contributing shares of more than five different securities, attach a separate sheet listing the additional securities.

Note: Contributing federally tax-exempt securities, shares of funds holding federally tax-exempt securities, privately-held securities or cryptocurrency is not permitted. All contributed property must be free and clear of any liens, encumbrances or other adverse claims, and must have been held by the Donor for more than one year at time of contribution. For additional information on acceptable contributions of securities, please see the Gifting Booklet.

If I am/we are contributing securities to the Gift Trust, I/we represent and warrant that the securities are not restricted for public sale by the Gift Trust and are not otherwise subject to restrictions pursuant to Rule 144 under the Securities Act of 1933, as amended, or, if they are restricted or are potentially restricted, I/we have informed the Administrator of this fact and have provided the Administrator, Ren, and the Gift Trust with all information requested by them regarding such restrictions.

Sincerely,

Donor 1 Signature

Donor 1 Name (please print)

Donor 2 Signature (if applicable)

Donor 2 Name (please print)

U.S. Charitable Gift Trust Account Number (if known)

If the securities being transferred are held at your firm, a Medallion Signature Guarantee may not be required. Please confirm with firm holding the securities if Medallion Signature Guarantee is needed.

If you have any questions, please contact the Administrator, Ren, at 1-800-664-6901.

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U.S. Charitable Gift Trust®