

# Renaissance Charitable Gift Fund

## ACCOUNT INFORMATION CHANGE FORM

Please use this form to submit changes to your Renaissance Charitable Gift Fund.  
If you need assistance, call 866-803-0389, Option 2.

### FUND INFORMATION:

Fund Name (to which changes are to be made): \_\_\_\_\_

Account number or Donor of Record SSN: \_\_\_\_\_

### PERSONAL INFORMATION CHANGE:

#### Donor 1:

Mr.  Mrs.  Ms.  Miss

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Home Ph: ( \_\_\_ ) \_\_\_\_\_

Business Ph: ( \_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Donor of Record?  Yes  No

#### Donor 2:

Mr.  Mrs.  Ms.  Miss

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Home Ph: ( \_\_\_ ) \_\_\_\_\_

Business Ph: ( \_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Donor of Record?  Yes  No

### SUCCESSOR BENEFICIARY CHANGE:

Mr.  Mrs.  Ms.  Miss  Organization

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Home Ph: ( \_\_\_ ) \_\_\_\_\_

Business Ph: ( \_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Succeeds: \_\_\_\_\_

Mr.  Mrs.  Ms.  Miss  Organization

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Home Ph: ( \_\_\_ ) \_\_\_\_\_

Business Ph: ( \_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Succeeds: \_\_\_\_\_

The person(s) or organization named may make recommendations for amounts up to the full amount of the fund.

The person(s) or organization named above will be limited to advise of the following portion of the RCGF account: (minimum 25% or \$10,000 per person or organization and must total 100%)

#### Successor # 1:

Percent of fund or dollar amount: \_\_\_\_\_

#### Successor # 2:

Percent of fund or dollar amount: \_\_\_\_\_

Attach a list of any additional donors and the type of authority and percentages, if applicable, being assigned them

If appointing a Successor Donor, please indicate when the succession occurs:

- Effective immediately
- Effective at death of donor

**CHANGE FUND NAME:**

New Fund Name: \_\_\_\_\_

*(Account number will stay the same)*

**REQUEST REALLOCATION OF INVESTMENTS:**

NEW INVESTMENT RECOMMENDATION: Please make any Investment Change Recommendations below. Select either a dollar amount or a percentage. RCF will take the following recommendation into consideration before investing the funds.

**1<sup>st</sup> Recommended Change**

New Investment: \_\_\_\_\_ Amount \$ \_\_\_\_\_ or Percentage \_\_\_\_\_%

To replace (current investment): \_\_\_\_\_

**2<sup>nd</sup> Recommended Change**

New Investment: \_\_\_\_\_ Amount \$ \_\_\_\_\_ or Percentage \_\_\_\_\_%

To replace (current investment): \_\_\_\_\_

**ACKNOWLEDGEMENT:**

The undersigned Donor(s) (hereafter referred to in the first person singular) acknowledges that I have read the donor-advised fund program circular and understand that my recommendations are advisory only and are subject to the full and and exclusive control and discretion of Renaissance Charitable Foundation Inc.

Donor #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Donor #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Return completed form to: **Renaissance Charitable Foundation, Inc.  
6100 W 96th Street  
Suite 105  
Indianapolis, IN 46278**

or fax to: **317-843-5417**

For more information call 866-803-0389 or visit our web site at [www.rcgf.org](http://www.rcgf.org)