



## Schedule A

### ACKNOWLEDGEMENT BY INVESTMENT MANAGER

The undersigned acknowledges receipt of and accepts the terms and conditions of the Investment Policy Statement of Renaissance Charitable Foundation Inc.

The undersigned further elects to provide services to Renaissance Charitable Foundation Inc. as a(n):

- Advisory Manager
- Discretionary Manager

By: \_\_\_\_\_

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

Date: \_\_\_\_\_

Please print this page, sign and return to the Renaissance Charitable Foundation by fax at 317.843.5417, or by mail at the address below.