



THE PHILANTHROPY FUND

APPLICATION

BANK OF THE WEST
WEALTH MANAGEMENT

A trade name used by BMO Harris Bank N.A.

Please complete all information in this application form. Print in ink or type. The minimum initial contribution is \$5,000 and the minimum additional contribution is \$500. If you need assistance, call 844-955-4660. Mail completed forms to: The Philanthropy Fund, C/O Renaissance Charitable Foundation Inc., 8910 Purdue Road, Suite 555, Indianapolis, IN 46268, email: DonorAdvisedFund@bankofthewest.com or fax them to 877-736-4624.

DONOR-ADVISED FUND ACCOUNT INFORMATION

The account 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 the Arts). Unless you choose to remain anonymous, the name of the account will be used in correspondence to the charitable organizations that receive grants from the account.

Fund Name: _____

Main philanthropic focus of fund: _____

Examples: Smith Family philanthropy
environmental grantmaking

DONOR INFORMATION

*Please only enter one person per field (no combined entries for couples)

Donor of Record:

Name Salutation (select one): Mr/Mrs/Ms _____

Street Address: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: (____) _____ Business Phone: (____) _____

E-mail Address: _____ Social Security Number: _____

Fax Number: (____) _____

Statement delivery method: ☐ Postal Mail ☐ Paperless (email)

☐ No Statement (I will check my account by logging in online)

Additional Donor:

Mr/Mrs/Ms: _____

Street Address: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: (____) _____ Business Phone: (____) _____

E-mail Address: _____ Social Security Number: _____

Fax Number: (____) _____

Statement delivery method: ☐ Postal Mail ☐ Paperless (email)

☐ No Statement (I will check my account by logging in online)

SUCCESSOR GRANT ADVISOR INFORMATION

The Donor of record's Successor has the right to make grant recommendations. Donors have two (2) alternative successor options:

- ☐ To name an individual to succeed the donor as the Fund's Grant Advisor; or
- ☐ To recommend that; upon the death of the fund's last surviving Grant Advisor (including all named successors), the fund supports one (1) or more charitable organizations described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), and that are not private foundations within the meaning of Code Section 509(a).

Successors may be appointed or changed at any time by submitting an Account Information Change Form.

As Donor of Record, I hereby name the following person or charity as my successor:

Mr/Mrs/Ms or name of charity: _____

Street Address: _____

City/State/Zip: _____

Phone Number: (____) _____ Tax ID or Social Security Number: _____

E-mail address: _____

Successor # 1:

Percent of fund or dollar amount: _____

Max. annual grant amount: _____

Max. percent of fund allowed per grant: _____

Max. dollar amount allowed per grant: _____

INVESTMENT MODELS

The Philanthropy Fund provides you with three investment models and a bank deposit option to choose from. These options enable you to create a strategy that is right for you based on your philanthropic goals, assets, and risk tolerance. Specifically, you can recommend how contributions are invested within the three investment models by defining your own asset allocation or simply choose the one bank deposit option, if that is more appropriate for you.

Please recommend an allocation for this contribution to the account. Your total allocation must equal 100 percent. ***If this is left blank, the contribution proceeds will be invested entirely in the balanced model.***

_____ % Maximum Growth

_____ % Growth – Sustainable/ESG

_____ % Balanced

_____ % Capital Preservation

_____ % Money Market

===== % Total - (100%)

WEALTH ADVISOR INFORMATION

*Fill out this section only if you'd like your wealth advisor to have online access to your DAF account information.

Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: (____) _____ Email Address: _____

CONTRIBUTIONS - BANK OF THE WEST GLOBAL INVESTMENT AND FIDUCIARY SOLUTIONS ACCOUNT

ASSETS FROM A BANK OF THE WEST GLOBAL INVESTMENT AND FIDUCIARY SOLUTIONS ACCOUNT

Account Number _____

Name(s) on Account _____

SPECIFY ASSETS

Stocks, Bonds, Mutual Funds or Other Assets

(Use the table below only for specifying stocks, bonds, mutual funds or other assets)

Description of Assets/ Name of Security	Symbol or CUSIP (if applicable)	Number of Shares or "All"*** (mandatory)	Approximate \$ Value (mandatory)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/>			Total _____

Cost Basis ** Include both price and date information.	
Purchase Date	Price per Share
_____	_____
_____	_____
_____	_____
_____	_____

** Number of shares must be specified. Assets will be transferred based on the number of shares, not the approximate \$ value since security values may fluctuate.

** Shares will be contributed based on the current cost basis provided above.

CASH (Indicate amount in space provided)

\$ _____ Cash (payable to Renaissance Charitable Foundation Inc.)

\$ _____ Check (See Below)

You may wire cash or checks directly to the The Philanthropy Fund account at Renaissance Charitable Foundation Inc. Checks should be made payable to Renaissance Charitable Foundation Inc. and delivered to the address below.

WIRE

ABA: 121100782
F/C G/ 239855858 Wires Settlement
Ref: TOC
BBI: Renaissance Charitable Foundation, #71D101011
13300 Crossroads Parkway North
City of Industry, CA 91746

ACH

ABA: #121100782
DDA: #041023276 Bank of the West Trust Incoming
ACH Renaissance Charitable Foundation
Account Ref: #71D101011

CHECK

Bank of the West Wealth Management
12000 North Washington
Suite 300
Thornton, CO 80241

If you wish to contribute a non-liquid asset, please contact The Philanthropy Fund at 844-955-4660 to discuss the possibility.

AUTHORIZATION FOR AUTOMATED CLEARING HOUSE (ACH) TRANSACTIONS

Complete this Section to Authorize transfers from Your Bank of the West Checking/Savings Account:

Name on Payor/Transferring Bank of the West Account: _____

Account Number:

☐ Checking

☐ Savings

Incoming Transfer Instructions:

Transfer Date/Frequency:

Transfer Amount:

☐ Monthly on the _____ (date) starting _____ (month)

☐ Dollar Amount: _____

☐ Quarterly (every 3 mos) on the _____ (date) starting _____ (month)

☐ As Directed

☐ As Directed

☐ Other (describe): _____

I/we have read the ACH Agreement and Disclosure Statement set forth on page 6 and I/we hereby authorize Bank of the West to initiate debit entries from my/our Bank of the West account for the purpose of making contributions to my/our donor advised account with Renaissance Charitable Foundation as per the ACH instructions above.

This authority is to remain in full force and effect until Bank of the West receives notification from me/us of its termination in such time and such manner as set forth in the terms and conditions of the Agreement. By signing below I/we represent and warrant that I/we am/are legally authorized to access funds from the account specified.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

THE PHILANTHROPY FUND ACH AGREEMENT AND DISCLOSURE STATEMENT

A. Preauthorized Automatic Payment (ACH)

You may request an ACH transfer from or deposit to your Bank of the West account, and preauthorize periodic ACH transfers, by completing, signing and returning the Authorization for Automated Clearing House (ACH) Transactions form. If you would like to know whether a preauthorized ACH transfer has occurred, please contact your account Representative at the phone number listed on the first page of your statement, or call 1-877-232-7321. Bank of the West (the "Bank") does not generally limit the number of ACH transactions you may request, or the amount of funds that may be transferred by ACH (subject to the restrictions set forth below). If you have preauthorized periodic ACH transfers that may vary in amount, the person you are going to pay will tell you, 10 days before each ACH transfer, the amount of the ACH transfer and when it will occur. You may choose instead to receive this notice only when the payment varies by more than a certain amount from the prior ACH transfer, or falls outside a certain range that you set.

B. Fees

No fees are charged by the Bank for ACH transfers to or from your account. (Note: charges may apply for outgoing wire transfers, which are not covered by this Agreement and Disclosure Statement). Please contact your account Representative for a copy of the fee schedule governing your account if you do not have a copy.

C. In Case of Errors or Questions About an ACH

If you think a statement or receipt is wrong or if you need more information about an ACH transaction listed on a statement or receipt, telephone us at 1-877-232-7321, write to us at Bank of the West, Bank of the West Fiduciary Solutions, 13300 Crossroads Parkway North, City of Industry, CA 91746, or e-mail us at WMGGIFSOoperations@bankofthewest.com as soon as possible. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

If you contact us verbally, we may require that you send us your complaint or question in writing within 10 business days. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. In some cases, we may take up to 45 days to investigate your complaint or question. In this event, within 10 business days we will credit your account for the amount you think is in error, so that you will have the use of the money while we complete our investigation. If we ask you to put your complaint or question in writing and do not receive it within 10 business days, we may not credit your account. For errors involving new accounts or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error. Once our investigation is complete, we will tell you the results within three business days. If our investigation determines that no error occurred, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

D. Right to Periodic Statements

Owners of certain accounts to or from which an ACH transfer can be made are entitled to a statement for each monthly cycle in which an ACH transaction has occurred, or to a statement at least quarterly if no ACH transaction has occurred. A statement shall provide the following information for each ACH transaction: (1) the amount of the ACH, (2) the date the ACH was credited or debited to the account, (3) the type of ACH and type of account to or from which funds were transferred, (4) the number of the account, (5) the amount of any fees assessed against the account during the statement period for ACHs, for the right to make ACHs, or for account maintenance, and (6) the balance in the account at the beginning and at the close of the statement period.

E. Your Liability for Unauthorized Payments Arising From this Agreement

Prompt notice is the best way to minimize potential loss. Contact the Bank immediately by telephone at 1-877-232-7321, by mail at Bank of the West Fiduciary Solutions, 13300 Crossroads Parkway North, City of Industry, CA 91746, or by e-mail at WMGGIFSOoperations@bankofthewest.com if you suspect an unauthorized ACH transaction has occurred or may occur. If your statement shows an unauthorized ACH transaction, you must contact the Bank within 60 days of the statement's transmittal to you, or you may be liable for up to the amount of the unauthorized ACHs that occur after the 60-day period and before you notify the Bank, if the Bank establishes that unauthorized ACHs could have been prevented if you had contacted the Bank within the 60-day period (which may be extended if extenuating circumstances delayed notification).

F. To Stop a Preauthorized ACH

If you wish to stop a preauthorized ACH, your verbal or written stop payment request must be received by the Bank at least three (3) business days before the scheduled date of the ACH. If you have made a verbal request to cancel an ACH, you must provide written confirmation of your request to Bank of the West Fiduciary Solutions, 13300 Crossroads Parkway North, City of Industry, CA 91746, or WMGGIFSOoperations@bankofthewest.com no later than fourteen (14) days following your verbal request or it will cease to be binding. If the Bank receives your request to stop an ACH within the time periods stated above and the Bank fails to stop the ACH, the Bank will be liable for your losses or damages. The Bank will not be liable if its failure to stop or update the ACH was due to circumstances beyond its control.

G. If Bank of the West Fails to Make a Preauthorized Payment

If the Bank does not make a preauthorized ACH transaction on time or in the correct amount according to your timely-provided directions, it will be liable for your losses or damages. The Bank will not be liable, however, if (1) through no fault of the Bank, an account holds insufficient cash to make the ACH transaction, (2) a collateralized account holds insufficient assets to permit the ACH transaction, (3) the information for the ACH transaction is inaccurate or not received as scheduled or with reasonably sufficient time to make the ACH transaction, (4) the account is subject to legal process or other encumbrances, or (5) circumstances beyond the Bank's control, such as fire, flood, or power or computer failure, prevent the ACH transaction despite the Bank's reasonable precautions. There may be other exceptions not mentioned here.

H. Business Days

For purposes of these ACH disclosures, the Bank's business days are Monday through Friday, not including holidays.

I. Privacy

The Bank may disclose information to third parties regarding your account, including ACH transactions, (1) where it is necessary to complete a transfer; (2) in order to comply with any regulatory inquiry or subpoenas or other lawful discovery or disclosure under federal or state laws, rules or court order; or (3) if you give the Bank written permission to do so.

J. Authorization and Agreement

By executing and returning the ACH Authorization form, you hereby authorize automatic payments via ACH to the account(s) indicated from the Bank or other financial institution named pursuant to the terms and conditions set forth herein and as may be modified from time to time. You further agree that you have read, understand, and agree to be bound by all of the terms and conditions of this Agreement. Your authorization for the preauthorized automatic payments to or from the designated account will remain in full force and effect until terminated by the Bank or revoked by you pursuant to the terms and conditions of this Agreement.

CONTRIBUTIONS - OTHER FINANCIAL INSTITUTIONS

FOR ASSETS HELD AT FINANCIAL INSTITUTIONS OTHER THAN BANK OF THE WEST'S GLOBAL INVESTMENT MANAGEMENT GROUP (Including BancWest Investment Services*).

I will initiate the transfer of assets by:

- Contacting the transferring financial institution directly for applicable procedures and forms.
- Instructing the transferring institution to provide any necessary information to Renaissance Charitable Foundation using the delivery instructions below.

I will deliver to Renaissance Charitable Foundation the following:

- Completed and signed New Account Application
- Copy of a recent statement from the transferring institution (this statement must be dated no more than 90 days prior to the date it is sent)

(note: if transferring assets from more than one institution, complete this section for each transferring institution and please submit a separate statement for each institution)

DTC Contact Information: (303) 202-5572 or email: DonorAdvisedFund@bankofthewest.com

DTC INSTRUCTIONS

FIS Wealth Outsourcing, A division of Reliance Trust

Participant: # 5409

F/B/O Bank of the West, #74-2060-01-5

F/C: 71D101011, Renaissance Charitable Foundation

If you wish to contribute a non-liquid asset, please contact The Philanthropy Fund at 844-955-4660 to discuss the possibility.

*Bank of the West Wealth Management offers products and services through Bank of the West and its various affiliates and subsidiaries. Bank of the West is a trade name of BMO Harris Bank N.A. BMO Harris Bank N.A., its affiliates and subsidiaries are separate from and not affiliated with Renaissance Charitable Foundation Inc. The companies are not responsible for each other's products or services. Bank of the West Wealth Management offers products and services through Bank of the West and its various affiliates and subsidiaries. Bank of the West is a trade name of BMO Harris Bank N.A. BMO Harris Bank N.A., its affiliates and subsidiaries are separate from and not affiliated with Renaissance Charitable Foundation Inc. The companies are not responsible for each other's products or services.

DISCLOSURES AND CLIENT REPRESENTATIONS

Client Name: _____

Name of Donor Advised Fund Account _____

Client net worth \$ _____

Expected or intended initial contribution for first two years: _____

Percentage proportion of net worth: _____%

Disclosures:

- Contributions to Donor Advised Fund ("DAF") accounts are irrevocable. Renaissance Charitable Foundation (RCF) becomes the legal owner of all assets within a DAF; donors are able to manage DAF assets but can only do so with RCF's oversight.
- RCF accepts assets based on its sole discretion. Certain types of assets may not be able to be contributed.
- Assets are liquidated promptly after receipt and proceeds are reinvested within the DAF. RCF does not keep assets as contributed. In its sole discretion, RCF will determine the timing and execution of a sales strategy for any asset, including a contributed asset, and reserves the right to sell at any time.
- All grant recommendations are subject to undergoing full due diligence. There may be cases in which grant recommendations cannot be honored including but not limited to cases in which a charity has lost its exempt status or the recommended grant purpose is not reasonably achievable.
- RCF retains full authority over approving or vetoing grant recommendations.
- Investments within DAFs carry the same risks as any other kind of investments. All investment activity must stay within the DAF. Gains are reinvested in the DAF, and losses decrease the market value of the DAF. Proceeds (or losses) cannot be given to or passed through to donors, and have no tax implications for the donor.

*Please consult DAF Program Circular for full information on the key items noted above, as well as for detailed information on the deductibility of contributions, minimum balances and activity, reports on account activity, fees, and additional disclosures on eligibility of donors and contributions.

Representations made by client:

- I understand that Renaissance Charitable Foundation is the legal entity (sponsor) that owns my DAF account and that Bank of the West is only facilitating the account's opening and account management.
- I understand that this is not an investment and that contributions are irrevocable.
- I understand I may voice an opinion on how assets within my DAF are invested, but that I will not receive any benefit from these investments other than growth within my DAF account, which would increase the amount I have available for grantmaking.
- I understand that, like any other investment, the market value of my DAF may lose value due to market fluctuations, which would decrease the amount I have available for grantmaking.
- I understand that any grant recommendations I submit to Renaissance Charitable Foundation are recommendations and that RCF has full vetoing power over any grants it does not deem legal or appropriate.
- I understand and have formed my opinion on tax consequences of opening a DAF based on my own research and/or consulting with a tax specialist, without Bank of the West's advice or opinion.
- I don't need the money I am allocating to DAF to fund my lifestyle.

ACKNOWLEDGMENT

The undersigned donor makes an irrevocable and nonrefundable gift for charitable purposes to Renaissance Charitable Foundation Inc. By signing below, I hereby acknowledge that I have read this Application and the Program Circular, and I agree to the terms and conditions set forth in this Application and the Program Circular. I certify that, to the best of my knowledge, all information presented in connection with this Application is accurate and agree to notify the Foundation promptly of any changes. I also understand that my capacity as a Grant Advisor is advisory in nature and that the Foundation has the sole and exclusive authority and discretion to invest and disburse the property hereby transferred.

This also serves as my written authorization to irrevocably transfer ownership of the assets specified in this form (including restricted stock) to Renaissance Charitable Foundation.

Donor Signature: _____ Date: _____

Printed Name of Donor: _____

Donor Signature: _____ Date: _____

Printed Name of Donor: _____

Client Advisor Signature: _____ Date: _____

Printed Name of Client Advisor: _____

How did you learn about The Philanthropy Fund?

☐ Informational materials at Bank of the West branch or wealth center. Location: _____

☐ Bank of the West staff. Name: _____ Title/Role (if known): _____

☐ Online



Call: 844-955-4660
Fax: 877-736-4624
Email: DonorAdvisedFund@bankofthewest.com



write to us at:

The Philanthropy Fund
C/O Renaissance Charitable Foundation Inc.
8910 Purdue Road, Suite 555
Indianapolis, IN 46268



or visit our web site at: bankofthewest.com/thephilanthropyfund

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Investment and Insurance Products:

NOT FDIC INSURED	NOT BANK GUARANTEED	MAY LOSE VALUE	NOT A DEPOSIT	NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY
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Investing involves risk, including loss of principal. When redeemed, an investment may be worth more or less than the original amount invested.

Please consult with your legal and tax counsel/advisor about the suitability of this plan before proceeding