

Any donor. Any gift. Any charity.

Please use this form to alert Renaissance Charitable Foundation of an additional contribution into your DAF. You must work with your Financial Advisor to initiate the asset transfer. You or your Financial Advisor may also enter the additional contribution information on the donor portal, <https://NorthwesternMutual.DonorFirstX.com>

Return completed forms to:

Email: nm@reninc.com, Fax: 877-736-4620

Renaissance Charitable Foundation Inc., 8888 Keystone Crossing, Suite 1222 Indianapolis, IN 46240

► **Donor-advised fund information**

Fund Name	
Account # or Donor of Record Name	

Source of contribution

Additional contributions may be made by donors or their designated family members and friends. Please provide the following information for the person(s) making this additional contribution. If the original donor is the contributor, only the name of the donor is required (in addition to any information that has changed since the submission of the Donor Application.)

Contributor 1

Full Name*		DOB	
Street Address*		SSN	
City/State/Zip*		Phone Number	
Email			

Contributor 2

Full Name*		DOB	
Street Address*		SSN	
City/State/Zip*		Phone Number	
Email			

► **Contributions**

\$	Check (payable to Renaissance Charitable Foundation Inc.)
\$	Wire Transfer (please request wire transfer instructions from your financial advisor) for the DAF)

*Required

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Marketable securities

Name of security issuer					
Where security certificate is held					
Ticker/CUSIP		Account #		# of shares	
Name of security issuer					
Where security certificate is held					
Ticker/CUSIP		Account #		# of shares	
Name of security issuer					
Where security certificate is held					
Ticker/CUSIP		Account #		# of shares	

(Please attach additional marketable securities information in the same format, if needed)

Other assets

If you wish to contribute an asset other than cash or publicly traded securities, please call the Foundation to discuss the review process.

► Acknowledgment

The undersigned contributor(s) (hereafter referred to in the first person singular) makes an irrevocable and non-refundable gift for charitable purposes to Renaissance Charitable Foundation Inc. (the "Foundation"). By signing below, I hereby acknowledge that I have read the Foundation's donor information circular entitled "RCF Program Circular" (the "Circular"), and I agree to the terms and conditions set forth in the Circular. I certify that, to the best of my knowledge, all information presented in connection with this Additional Contribution Form is accurate and agree to notify the Foundation promptly of any changes. I also understand that the Foundation has exclusive legal control over each asset contributed.

Contributor 1 Signature		Date	
Contributor 1 Printed Name			
Contributor 2 Signature		Date	
Contributor 2 Printed Name			

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Questions or Need Assistance? Please call Renaissance Charitable Foundation at 855-630-3439.