

Please print in uppercase using black or dark blue ink. This form may be completed by any Grant Advisor. Sign, and then fax, email, or mail

Windrose Advisors 800 South St, Suite 600 Waltham, MA 02453	Phone: 800-605-7917	Fax: 877-222-1829	Email: windrose@reninc.com	
Windrose Advisors Donor Advised Fo	und Name			
Windrose Advisors Donor Advised Fo	You may find your Wind:	rose Advisors Donor Advised Fund Nu isors Donor Advised Fund.	ımber on the home page when you lo	
Please tell us the name, SSN, and co	ontact information for the Grant Adv	isor completing this form.	Middle Initial	
Tistname			Middle Illitial	
Last Name			suffix	
Social Security Number	Daytime Telephone Number	Email Address		
What would you like to update? Cl Actions with an asterisk (*) may als		your Windrose Advisors DAF at https	://windroseadvisor.donorfirstx.com/	
Change Windrose Advisors I	Donor Advised Fund Name		see Section 1	
Name Change			see Section 2	
Update Contact Information	n and Communication* Preference		see Section 3	
Add or Update Successor Gra	ant Advisor(s) or Charitable Benefic	iary(ies)*	see Section 4	
Change Access to your Advis	or		see Section 5	
Recommend Investment Rea	allocation*		see Section 6	
1. CHANGE DONOR ADVISED F	FUND NAME			
*To update the name of your Dono	r Advised Fund, enter the new name	below.		
New Donor Advised Fund Name				

Questions or need assistance? Call 800-605-7917.



2. NAME CHANGE FOR CURRENT PERSON

Please tell us the current name we have on record, and the new name you would like us to use. Please include a copy of the official name change document.

*Name as it currently appears in Windrose Advisors Donor Advised Fund records:

Title	First Name	Middle Initial
Last Name		suffix
*New Name Title	First Name	Middle Initial
Last Name		suffix

In order for Windrose Advisors Donor Advised Fund to accept a name change, we must receive a copy of the official name change document. Please mail that to us along with this completed form.



3. UPDATE CONTACT INFORMATION AND COMMUNICATION PREFERENCE

Contact Update 1: For wh	nom are you u	pdating informati	ion?				
Name (First, Middle, Last)							
Indicate what type of informat	ion you are chan	iging and then compl	ete the relevant items	s below:			
Mailing Address	Daytime	Telephone	Evening 1	Evening Telephone Em		nail Address	
Send statements electron	nically		Mobile Ph	none			
Mailing Address							
City						State	Zip Code
Country of Address		Country of Residen	се		Country of Citizens	ship	
Daytime Telephone Number		Evening Telepho	one Number		Mobile Phone Num	ber	
Email Address							
Contact Update 2: For wh	nom are you u	pdating informati	ion?				
Name (First, Middle, Last)							
Indicate what type of informat	ion you are chan	iging and then compl	ete the relevant items	s below:			
Mailing Address	Daytime Telephone		Evening ⁻	Telephone	E	mail Address	8
Send statements electror	nically		Mobile Pl	hone			
Mailing Address							
Maining Address							
City						State	Zip Code
							,
Country of Address		Country of Residen	Ce		Country of Citizens	shin	
Sound y of Addition		ocumity of Rosidoni			oduntry of ordizona	3111P	
Daytime Telephone Number		Evening Telepho	one Number		Mobile Phone Num	ber	
Email Address							



4. ADD OR UPDATE SUCCESSOR GRANT ADVISOR(S) OR CHARITABLE BENEFICIARY(IES)

Your succession plan specifies how your Donor Advised Fund assets will be handled upon your death. Please copy this page to add or update additional successors.

4A. SUCCESSOR GRANT ADVISOR(S) Check One: Add Remove Update Title Name of Successor Grant Advisor #1 Social Security Number Date of Birth Relationship to Original Donor Mailing Address City State Zip Code Country of Address Country of Residence Country of Citizenship **Email Address** Daytime Telephone Number **Evening Telephone Number Check One:** Add Remove Update Title Name of Successor Grant Advisor #2 Social Security Number Date of Birth Relationship to Original Donor Mailing Address City State Zip Code Country of Address Country of Residence Country of Citizenship Daytime Telephone Number **Evening Telephone Number Email Address**

Grant Advisors must be 18 or older to provide grant or investment recommendations. If a Donor Advised Fund succession plan includes successor Grant Advisors, and no successor has reached the age of 18 at the time of the death, incapacitation or resignation of the last surviving Grant Advisor, Windrose Advisors will proceed as follows:

- If no successor is at least age 15, Windrose Advisors will make charitable grants from the Donor Advised Fund until the oldest successor Grant Advisor reaches the age of 18.
- If at least one successor is age 15 or older, Windrose Advisors will maintain the Donor Advised Fund until the oldest successor Grant Advisor reaches the age of 18.

You may name 1) individual successor grant advisors to succeed you with full grant advisors rights and privileges, 2) recommend charitable organizations as beneficiaries of the Windrose Advisors DAF balance in equal amounts, or 3) recommend a combination of successors and beneficiaries. If you recommend a combination, 50% of the Windrose Advisors DAF balance will remain in the Fund for your successors. The remainder will be distributed to the chartiable organizations in equal amounts. Successors do not have access to your Windrose Advisors DAF until the death, incapacitation or resignation of all current Grant Advisors associated with your Donor Advised Fund.



4. ADD OR UPDATE SUCCESSOR	GRANT ADVISOR(S) OR CHARITABLE	BENEFICIARY(IES) (CONTINUED)	
4B. RECOMMEND UPDATES TO C	HARITABLE BENEFICIARY(IES)		
Check One: Add	Remove Update		
Name of Charitable Beneficiary #1			
Mailing Address			
City.	State Zip Code	Daytime Telephone Number	
City	State Zip Code	Daytime releptione Number	
Employer Identification Number	Email Address (if available)		
Check One: Add	Remove Update		
Name of Charitable Beneficiary #2			
Mailing Address			
City	State Zip Code	Daytime Telephone Number	
Employer Identification Number	Email Address (if available)		
	the Windrose Advisors DAF balance will rem	DAF balance in equal amounts. If you recommer ain in the Fund for your successors. The remaind	
5. ADD OR UPDATE YOUR ADVIS	OP INCOPMATION		
		horizing Windrose Advisors to share with such	Advisor any informati
relating to the Windrose Advisors DA	•	nonzing windrose Advisors to share with such	advisor, any imormati
Add Advisor	Remove Advisor		
First Name	Last Name	City	State
Add Advisor	Remove Advisor		
First Name	Last Name	City	State

windroseadvisor.donorfirstx.com (800) 605-7917

Windrose Advisors DAF.



6. SIGNATURE TO AUTHORIZE UPDATES

I acknowledge that I have read the Windrose Advisors DAF Program Guidelines: Program Circular and agree to the terms set forth there in. All recommendations are subject to the full and exclusive legal authority, control and discretion of Renaissance Charitable Foundation Inc.

I hereby certify that, to the best of my knowledge, all information presented in connection with this form is accurate, and I will promptly notify Windrose Advisors DAF in writing of any changes.

	m/dd/yyyy)	
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MAIL, FAX OR EMAIL THIS FORM TO:

Windrose Advisors

800 South St, Suite 600 Waltham, MA 02453

Phone: 617-421-1750

Fax: 877-222-1829

Email us at windrose@reninc.com

Questions or Need Assistance? Please call Windrose Advisors Donor Advised Fund at 800-605-7917.