

D o n o r A d v i s e d F u n d

FORMS BOOKLET

The U.S.
CHARITABLE
GIFT TRUST™

GIFTING GUIDE

In the sections below, we have provided instructions for various forms of acceptable gifts to The U.S. Charitable Gift Trust™. If you do not see your gift type listed or have any questions, please contact our Trustee, The Capital Trust Company of Delaware, at 1-800-664-6901.

TYPES OF GIFTS

The following are generally acceptable gifts to The U.S. Charitable Gift Trust:

- **CASH**
 - Check
 - Wire

- **PUBLICLY TRADED STOCK**
 - Held in a Brokerage Account
 - Held by the Transfer Agent
 - Held in a Dividend Reinvestment Plan
 - Held in certificate form

- **MUTUAL FUNDS**
 - Held by the Fund family
 - Held in a brokerage account

- **OTHER PUBLICLY TRADED SECURITIES**
 - Bonds
 - Treasury Notes

- **OTHER DONOR ADVISED FUNDS**

The following may be gifted to The U.S. Charitable Gift Trust, subject to approval by the Trustee:

- Privately Held Stock
- S-Corp Stock
- Tradable Real Estate Investment Trusts
- Annuities
- Restricted Stock
- Life Insurance Policies
- Unit Investment Trust(s)

We regret that at this time we may not accept:

- Real Estate
- Non-Marketable Valuables such as art or vehicles

For those interested in estate planning, you may designate The U.S. Charitable Gift Trust as the beneficiary of assets either in a will or on existing accounts such as an Individual Retirement Account (IRA). Please contact the Trustee for additional information.

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Donor Advised Fund

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account with that financial institution. What this means for you: When you open an account, we, or your investment professional, will ask for your name, address, date of birth, and other information that will allow us to identify you. We, or your investment professional, may also ask to see your driver's license or other identifying documents.

DONOR INFORMATION FORM

SECTION 1: DONOR INFORMATION

The Donor(s) and Donor Advisor(s) of an account have full and equal rights to recommend grants and to elect successors. For two or more Donors, all account correspondence will be sent to Donor 1 if the mailing addresses are different.

DONOR 1 *Please complete all fields*

Donor Name	Date of Birth	Social Security Number
------------	---------------	------------------------

Account Mailing Address (All account correspondence will be sent to this address. P.O. Boxes are allowed.)

City	State	Zip
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Residential Street Address (Required if different than above. P.O. Boxes are **not** allowed.)

City	State	Zip
------	-------	-----

Daytime Phone	Evening Phone	E-Mail Address (Optional)
---------------	---------------	---------------------------

If you are a Non-U.S. Citizen and cannot provide a Social Security Number, please provide information for a Government Issued ID:

Government Issued ID Number	ID Type (i.e. Passport)
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DONOR 2 (IF APPLICABLE) *Please complete all fields*

Donor Name	Date of Birth	Social Security Number
------------	---------------	------------------------

Residential Street Address (Required if different than above. P.O. Boxes are **not** allowed.)

City	State	Zip
------	-------	-----

Daytime Phone	Evening Phone	E-Mail Address (Optional)
---------------	---------------	---------------------------

If you are a Non-U.S. Citizen and cannot provide a Social Security Number, please provide information for a Government Issued ID:

Government Issued ID Number	ID Type (i.e. Passport)
-----------------------------	-------------------------

NAME DONOR ADVISOR(S) *(Optional)*

Donors may elect individuals, for example, family, friends, or other acquaintances, to serve as Donor Advisors and make grant recommendations. These designations are revocable during the life of the Donor.

DONOR ADVISOR 1

Name	Date of Birth	Social Security Number
Mailing Address		
City, State & Zip	Daytime Phone	E-mail Address (Optional)

DONOR ADVISOR 2

Name	Date of Birth	Social Security Number
Mailing Address		
City, State & Zip	Daytime Phone	E-mail Address (Optional)

NAME YOUR ACCOUNT

You may select any title you wish for the account, and you may include your name or any other name in the title (for example, "The Smith Family Charitable Fund" or "The John Q. Smith Family Foundation"). If you do not provide a name for your account, it will be titled "The (Donor Name) Charitable Fund".

SECTION 2: INITIAL CONTRIBUTION (\$10,000 MINIMUM INITIAL CONTRIBUTION)

Approximate Value: \$ _____ Check Wire Security Other: _____

Please refer to the Asset Transfer Guide included in the Donor Advised Forms Booklet for specific instructions on making contributions, or call 1-800-664-6901 for assistance.

NOTE: Securities held for one year or less generally are deductible at the lesser of cost basis or fair market value. (See Gifting Booklet for details.)

SECTION 3: DONOR'S FINANCIAL ADVISOR

(Section 3 should be completed by your advisor.)

Advisor's Firm	Advisor Name
Mailing Address	Advisor Signature
City, State & Zip	Telephone
E-Mail Address (Optional)	Fax Number
Broker/Dealer Firm (if different from above)	Branch (if any) / Representative Number

SECTION 4: INVESTMENT OF INITIAL CONTRIBUTION

Please read the Gifting Booklet before making your investment selection(s). If you want to allocate the contribution among more than one Fund, please contact our Trustee, The Capital Trust Company of Delaware, or visit our website for a list of asset allocation models. You may recommend future transfers of your account among the Funds, subject to the approval of the Board of Directors.

- 100% Growth Fund
 100% Growth & Income Fund
 Investment Allocation
 100% Income Fund
 100% Gift Preservation Fund
 Model Number _____

DONOR INFORMATION FORM CONTINUED

SECTION 5: SUCCESSOR ELECTION

Upon the deaths of the Donor Advisors listed in Section 1 of this form, the value of your Donor Advised Fund may be allocated using the options detailed below. Options A, B, or C may be changed by you at any time by submitting a written request; option D is irrevocable. *Refer to the Gifting Booklet for details.*

OPTION A _____% Successor Donor Advisor

Donors may elect an individual(s) to succeed them on the account with full rights as Donor(s). *Refer to the Gifting Booklet for details.* Please attach any additional elections if necessary.

Successor Donor Advisor Name #1 _____ Date of Birth _____ Social Security Number _____

Mailing Address _____

City, State & Zip _____

Daytime Phone _____

Successor Donor Advisor Name #2 _____ Date of Birth _____ Social Security Number _____

Mailing Address _____

City, State & Zip _____

Daytime Phone _____

OPTION B _____% Distribution to Charitable Organization(s)

Donors may choose to recommend to the Board of Directors one or more qualified tax-exempt organizations to receive the remaining assets in their account. Please attach any additional elections if necessary. You may recommend up to ten charities; total allocation must equal 100%.

1ST ORGANIZATION

Organization _____ Federal Tax ID Number (if known) _____

Mailing Address _____ Phone _____

City, State & Zip _____ Percentage (%) of The U.S. Charitable Gift Trust™ Account _____

Special Purpose or Allocation (if applicable) _____

2ND ORGANIZATION

Organization _____ Federal Tax ID Number (if known) _____

Mailing Address _____ Phone _____

City, State & Zip _____ Percentage (%) of The U.S. Charitable Gift Trust™ Account _____

Special Purpose or Allocation (if applicable) _____

OPTION C _____% Charitable Organization Endowment

Donors may choose to have their account remain in existence and recommend to the Board of Directors one or more qualified tax-exempt organizations to receive annual grants from their account. Please attach any additional elections if necessary. You may recommend up to ten charities.

ORGANIZATION 1

Organization _____ Federal Tax ID Number (if known) _____

Mailing Address _____ Phone _____

City, State & Zip _____

Special Purpose or Allocation (if applicable) _____

Distribute Annually: _____% or \$_____ of Available Account Balance

ORGANIZATION 2

Organization Federal Tax ID Number (if known)

Mailing Address Phone

City, State & Zip

Special Purpose or Allocation (if applicable)

Distribute Annually: _____ % or \$ _____ of Available Account Balance

OPTION D _____ % Irrevocable Charitable Organization Endowment.

Donors may choose to have their account remain in existence and recommend to the Board of Directors that one or more qualified tax-exempt organizations receive annual grants from their account. **This is an irrevocable designation.** Please attach any additional elections if necessary. You may recommend up to ten charities.

ORGANIZATION 1

Organization Federal Tax ID Number (if known)

Mailing Address Phone

City, State & Zip

Special Purpose or Allocation (if applicable)

Distribute Annually: _____ % or \$ _____ of Available Account Balance

ORGANIZATION 2

Organization Federal Tax ID Number (if known)

Mailing Address Phone

City, State & Zip

Special Purpose or Allocation (if applicable)

Distribute Annually: _____ % or \$ _____ of Available Account Balance

SECTION 6: DONOR SIGNATURES

I/we acknowledge that I/we have reviewed the current Gifting Booklet of The U.S. Charitable Gift Trust™, including the Important Information About Procedures For Opening a New Account appearing on page one of the application and agree to its terms and conditions described therein. I/we are of legal age and understand that any donation, once accepted by the Directors, represents an irrevocable donation to The U.S. Charitable Gift Trust™ and is not refundable to me/us. I/we hereby certify to the best of my/our knowledge that all information presented in connection with this application is true, correct and complete, and I/we will notify the The U.S. Charitable Gift Trust™ promptly of any changes.

Donor #1 Signature Date

Name (please print)

Donor #2 Signature (if applicable) Date

Name (please print)

GIFTING TO THE U.S. CHARITABLE GIFT TRUST™

Please review the instructions below prior to gifting to The U.S. Charitable Gift Trust. Contact information for the Trustee, The Capital Trust Company of Delaware, is:

The U.S. Charitable Gift Trust™
 c/o The Capital Trust Company of Delaware
 2711 Centerville Road
 Suite 210
 Wilmington, DE 19808

Phone: 1-800-664-6901

Fax: 1-302-636-8585

Website Address: www.uscharitablegifttrust.org

CONTRIBUTION TYPE	INSTRUCTIONS
CASH	
Check	Please make the check payable to The Capital Trust Company of Delaware. Mail check along with the Donor Information Form* to the Trustee.
Wire	Mail or Fax the Donor Information Form* to the Trustee, noting the gift will be arriving via wire. Please wire to: PNC Bank ABA Number: 031100089 For Credit to: The Capital Trust Company of Delaware Account Number: 5605014141 For Benefit of: The U.S. Charitable Gift Trust Account name as provided on the Donor Information Form
SECURITIES	
Stock Certificate	Endorse the certificate(s) by writing "Capital Trust Company of Delaware" between the words appoint and attorney in the space provided on the back of the certificate. Date and sign your certificate exactly as your name appears on the front. Have your signature medallion guaranteed. Mail the certificate along with the Donor Information Form* to the Trustee.
Stock or Other Marketable Securities Held in Brokerage Account	Complete the form Letter of Instruction to Transfer Securities . Send the original letter to the firm holding the stock and a copy of the letter to the Trustee, along with the Donor Information Form*. Please review Guide to Transfer Securities for additional information on completing the letter.
Mutual Funds Held in Brokerage Account or by Fund family	Complete the form Letter of Instruction to Transfer Securities . Send the original letter to the Trustee, along with the Donor Information Form*. Please review Guide to Transfer Securities for additional information on completing the letter.
CHARITABLE ASSETS	
Donor Advised Fund	Recommend a grant from the existing Donor Advised Fund to The U.S. Charitable Gift Trust™, TIN 31-1663020. Mail or fax the Donor Information Form to the Trustee, noting the funding that will arrive from another Donor Advised Fund.
OTHER TYPES OF GIFTS	
Please contact the Trustee for additional information to gift the following:	
<ul style="list-style-type: none"> •Stock held in Dividend Reinvestment Plan •Stock held by Transfer Agent •S-Corp Stock •Tradeable Real Estate Investment Trusts •Annuities 	<ul style="list-style-type: none"> •Privately Held Stock •Restricted Stock •Life Insurance Policies •Unit Investment Trust(s) •Pooled Income Fund

*If this is an additional contribution, please send the Additional Contribution Form in lieu of the Donor Information Form.

GUIDE TO GIFTING SECURITIES TO THE U.S. CHARITABLE GIFT TRUST™

For gifts of stocks, mutual funds or other marketable securities held in a brokerage account or by the Fund family, please complete the **Letter of Authorization to Transfer Securities**. Please contact the Trustee, The Capital Trust Company of Delaware, at 1-800-664-6901 for assistance to gift:

- Stocks held in a Dividend Reinvestment Program (DRIP)
- Stocks held by a transfer agent

INSTRUCTIONS

Gifts of tradable securities, i.e. stocks:

- Tradable securities refers to the characteristic that the security may be transferred electronically to The U.S. Charitable Gift Trust. Mutual funds **are not** considered tradeable securities.

Steps to gift:

1. Complete the **Letter of Authorization to Transfer Securities**.
2. Send the original letter to the broker/dealer holding the security(ies).
3. Mail or fax a copy of the letter to The Capital Trust Company of Delaware. As the security(ies) will arrive in a general account for The U.S. Charitable Gift Trust, providing a copy of the letter alerts The Capital Trust Company of Delaware to watch for your gift.
4. Upon receipt of your gift, The Capital Trust Company of Delaware will mail you an acknowledgement of your gift, including the value you may be eligible to use as a tax deduction.

Gifts of Mutual Fund Shares

- Mutual fund shares **must** be transferred from your account, held at either the broker/dealer or Fund Family, to an account registered to The U.S. Charitable Gift Trust.

Steps to gift:

1. Complete the **Letter of Authorization to Transfer Securities**.
2. Send the original letter and a copy of a recent account statement to The Capital Trust Company of Delaware. Please note that you should not send anything directly to the company holding your mutual fund shares.
3. The Capital Trust Company of Delaware will work directly with the company holding your mutual fund shares to transfer and redeem the shares.
4. Upon receipt of your gift, The Capital Trust Company of Delaware will mail you an acknowledgement of your gift, including the value you may be eligible to use as a tax deduction.

ADDITIONAL INFORMATION

- The **Letter of Authorization to Transfer Securities** should be used for either tradable securities or mutual funds. If you are gifting both types of securities, please complete one form for each type of gift.
- Your signature **must** have a medallion guarantee. For your security, companies will require verification that you are authorizing the transaction.
- If you have any questions, please contact The Capital Trust Company of Delaware at 1-800-664-6901.

LETTER OF AUTHORIZATION TO TRANSFER SECURITIES

DONOR INSTRUCTIONS: Please complete the information to gift publicly traded securities to The U.S. Charitable Gift Trust™. You may refer to the **Guide to Transfer Securities** for detailed instructions to complete the information below. *A reminder that gift of tradable securities, for example stock, should have the original letter sent to the broker/dealer and a copy to the Trustee, The Capital Trust Company of Delaware. Gifts of mutual funds should have the original letter sent to The Capital Trust Company of Delaware and the Trustee will work directly with the broker/dealer to transfer the designated mutual fund shares.*

BROKER/DEALER INSTRUCTIONS: As instructed by the client, please deliver all eligible securities to The U.S. Charitable Gift Trust™. **All transfers are to be made in-kind.**

- For transfers of tradable securities, please deliver to:
 - The Capital Trust Company of Delaware, Trustee for The U.S. Charitable Gift Trust
 - c/o Fifth Third Bank
 - DTC Number 2116
 - Account Number 010034177754
- For transfers of mutual funds, please refer to the attached letter from The Capital Trust Company of Delaware.
- If you have any questions, please contact The Capital Trust Company of Delaware at 1-800-664-6901

Name of Broker/Dealer Holding Assets

Date

Daytime Phone Number

Address

Dear _____ :
NAME OF BROKER/DEALER HOLDING ASSET(S)

Please accept this letter as my authorization to irrevocably transfer the following position(s) from my account, provided below, to The U.S. Charitable Gift Trust™.

From: _____
My Account Number

1. _____ shares of _____
Name of Security (and symbol, and/or cusip if known)

2. _____ shares of _____
Name of Security (and symbol, and/or cusip if known)

3. _____ shares of _____
Name of Security (and symbol, and/or cusip if known)

Sincerely,

Signature #1

Name #1

Signature #2 (If Applicable)

Name #2 (If Applicable)

REQUIRED
Place Medallion Guarantee Program
Signature Stamp Here

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RECOMMENDING GRANTS

Please refer to the Grant Recommendation Guidelines for assistance with completing the Grant Recommendation Form.

GRANT RECOMMENDATION GUIDELINES

Please refer to the information below to assist you with completing the Grant Recommendation Form. The guide serves as a brief review of information described in more detail in the section entitled "Making Grants" in The U.S. Charitable Gift Trust™ Gifting Booklet. If you have any questions, please contact the Trustee, The Capital Trust Company of Delaware, at 1-800-664-6901. Please fax OR mail all grants; multiple submissions of grant recommendations may result in duplicate grants.

- Grant Recommendations cannot be honored if the information provided indicates they:
 - Fulfill a pre-existing pledge;
 - Provide a private benefit to the Donor or another individual, for example: tuition, membership fees, dues, benefit tickets, goods bought at auction, etc.
- Minimum grant amount is \$250.
- For accounts less than 12 months old, grants made from your account which together exceed more than 20% of contribution(s) to the account will be subject to a 1% administrative charge.
- For accounts in more than one investment pool, the grant amount will be taken in the percentages allocated in the asset allocation model – unless directed otherwise.
- Grants will be mailed by the Trustee directly to a confirmed address of the charitable organization.
- Verification and distribution of grants are generally completed within two business days.
- If you are interested in obtaining online access to make Grant Recommendations or would like additional Grant Recommendation Forms, please contact the Trustee, The Capital Trust of Delaware, at 1-800-664-6901.

Donor Advised Fund

GRANT RECOMMENDATION FORM

Please review Grant Recommendation Guidelines for detailed instructions.

SECTION 1: ACCOUNT INFORMATION

Account Name

Account Number

SECTION 2: ACKNOWLEDGEMENT INFORMATION

Please select one of the following:

- Full Anonymity Partial Anonymity – Account Name Only Full Disclosure *

* If you selected 'Full Disclosure', please provide the name of the individual(s) you would like to be acknowledged in the grant letter. If the individual(s) named is not a Donor Advisor, please provide a mailing address:

SECTION 3: GRANT AMOUNT AND FREQUENCY

Amount of Grant (Minimum amount: \$250)

Please issue this grant: As soon as possible On this future date: _____

Recurring Grant. Please select the frequency: Monthly Quarterly Semi-Annually Annually

Start Date: _____ End Date (If Applicable): _____

SECTION 4: RECOMMENDED CHARITABLE ORGANIZATION

Name of Charitable Organization

Address

City, State & Zip

Attention Party

Website (if known)

Phone

Federal Tax ID Number (if known)

SECTION 5: SPECIAL PURPOSE (IF APPLICABLE):

In honor of: _____ In memory of: _____

Other: _____

SECTION 6: SIGNATURE

I acknowledge that I have reviewed the current Gifting Booklet of The U.S. Charitable Gift Trust™. I hereby certify that neither I nor anyone related to me will receive any benefit from the recommended charitable organization (for example, I am not using this to pay for tuition, membership fees, dues, benefit tickets, goods bought at auction, etc.) by way of this grant if distributed, and the grant does not fulfill a pre-existing pledge to the recommended charitable organization. I understand that I will not be entitled to a tax deduction when the grant is made.

Donor Signature

Date

Name (please print)

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Donor Advised Fund

ADDITIONAL CONTRIBUTION FORM

SECTION 1: ACCOUNT INFORMATION

Donor Name(s) Daytime Phone

Account Name Account Number

Please provide the name, address, and daytime phone number of the individual making the contribution if other than the Donor on the account.

DONOR INFORMATION *Please complete all fields*

Donor Name Date of Birth Social Security Number

Account Mailing Address (All account correspondence will be sent to this address. P.O. Boxes are allowed.)

City State Zip

Residential Street Address (Required if different than above. P.O. Boxes are **not** allowed.)

City State Zip

Daytime Phone Evening Phone E-Mail Address (Optional)

If you are a Non-U.S. Citizen and cannot provide a Social Security Number, please provide information for a Government Issued ID:

Government Issued ID Number ID Type (i.e. Passport)

SECTION 2: CONTRIBUTION (\$1,000 MINIMUM ADDITIONAL CONTRIBUTION)

Approximate value: \$ _____ Check Wire Securities Other: _____

Donors may make contributions to the Donor Advised Fund accounts at any time in amounts of \$1,000 or more. Please refer to **Gifting to The U.S. Charitable Gift Trust™** for instructions on contributing securities and mutual fund shares.

NOTE: Securities held by you for one year or less are generally deductible at the lesser of cost basis or fair market value. See the Gifting Booklet for more information.

SECTION 3: INVESTMENT FOR ADDITIONAL CONTRIBUTION

The additional contribution will be allocated identical to the current asset allocation model selected for the Donor Advised Fund account. If you would like details of the current asset allocation, please contact the Trustee, The Capital Gift Trust of Delaware at 1-800-664-6901.

SECTION 4: SIGNATURE(S)

I/We acknowledge that I/we have read The U.S. Charitable Gift Trust™ Gifting Booklet and agree to the terms and conditions described therein. I/We understand that any contribution, once accepted by the Trustee, represents an irrevocable contribution to The U.S. Charitable Gift Trust™ and is not refundable to me/us. I/We certify that all information provided by me/us in my/our original Donor Information Form is still accurate and complete. (Please attach additional donor signatures, if necessary.)

Donor #1 Signature Date

Name (Please Print)

Donor #2 Signature (if applicable) Date

Name (Please Print)

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Trustee
The U.S. Charitable Gift Trust
c/o The Capital Trust Company of Delaware
2711 Centerville Road
Suite 210
Wilmington, DE 19808
Voice: 1-800-664-6901
Fax: 1-302-636-8585
www.uscharitablegifttrust.org

Administrator and Investment Manager
Eaton Vance Management
Boston, MA 02109
www.eatonvance.com