

Entity Authorization and Indemnification Form

Name of Donor: _____

Instructions

Businesses, organizations, nonprofits and other entities (Organization) should complete this form and send it to U.S. Charitable Gift Trust® (Gift Trust) along with the Donor-Advised Fund Application.

U.S. Charitable Gift Trust
c/o Ren
8910 Purdue Road, Suite 500
Indianapolis, IN 46268

This form must be signed by an authorized person acting on behalf of the Organization who can certify the names of those persons authorized to interact with the Gift Trust. This authorization will remain in effect until you notify us in writing that the authorization has been revoked and we have had a reasonable amount of time to act on it.

Section 1: Donor Information

Legal Name of Organization _____ Date Organization Created _____

Governing Jurisdiction of Organization _____ Type of Organization _____

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____

Phone Number _____

Additional Documentation to send:

Corporations:

- Articles of Incorporation
- ByLaws

LLCs:

- Articles of Incorporation
- ByLaws

Partnerships:

- Partnership Agreements

Trusts:

- Trust Document including all amendments

Section 2: Persons Authorized to Act on the Account

If the person certifying this authorization also has the authority to act on your Organization's Account, please also complete Section 4. Unless otherwise clearly marked, all Donor Advisors to the Account and persons named in this Section 2 have full and equal rights to recommend grant distributions and make changes to the Account.

Name (1) _____ Title _____

Signature _____

Name (2) _____ Title _____

Signature _____

Name (3) _____ Title _____

Signature _____

Name (4) _____ Title _____

Signature _____

Section 3. Signature of Certifying Person

As an authorized person of _____ (Organization), I certify that each person listed above is duly authorized to act on behalf of the Organization in connection with the Gift Trust and the Account and that the signature written opposite each person's name is his/her true and genuine signature. Each person named in Section 2 agrees, on behalf of the Organization, to indemnify and hold the Gift Trust, and its officers, employees and agents, harmless from acting on instructions believed by the Gift Trust to have originated from any person named in Section 2. This certification will remain in full force and effect until revoked in writing by a person named in Section 2 and the revocation is delivered to the Gift Trust. The revocation will not affect any liability resulting from transactions initiated before the Gift Trust has had a reasonable amount of time to act upon such written revocation. I am authorized and directed to certify the above and that these provisions conform with the governing documents of the Organization, and that each person named in Section 2 is duly appointed and all organization actions necessary have been taken by the Organization to authorize each person named in Section 2 to act on behalf of and bind the Organization.

Authorized Party's Printed Name _____ Title _____

Signature _____ Date _____

Section 4. Additional Certification Signature (if applicable)

If the certifying person who signed in Section 3 is also listed in Section 2 as having authority to act on the Account named herein, then another person must sign below. If all of the entity's authorized persons are authorized to act on the Account, then a bank officer, practicing attorney, CPA or member of a stock exchange must sign below.

Legal Name of the Certifying Entity

Officer's Name

Title

Signature

Date