# Contribution Notification FORM



This form is to notify The Signatry of your intention to make a gift and to provide us with tracking information. It does not initiate the gift. Without the information on this form, we may not be able to place your contribution in the intended fund when we receive it.

## **HOW TO USE THIS FORM**

- 1. Complete the fund and contributor information (sections A and B)
- 2. Choose the method of contribution (section C) and complete the related information (either section D or E)
- 3. Sign (section F) and submit a completed copy of this form to The Signatry via email to donorcare@thesignatry.com or via fax to 913-227-0254
- 4. Instruct your advisor/broker to initiate the gift.

## **REQUIRED INFORMATION**

| Fund Information  |  |  |  |
|---|--|--|--|
| This gift is intended to be given as an irrevocable transfer to The Signatry and placed in the following fund:  |  |  |  |
| Fund Name   |  |  |  |
| - Turid Name  |  |  |  |
| Fund ID   |  |  |  |
| Funds held at The Signatry are property of The Signatry and are subject to The Signatry's exclusive legal control. Grant funds can only be used for charitable purposes and may not be used to benefit the donor, the donor advisor, nor any other purpose conferring an impermissible private benefit. |  |  |  |
| If the fund is an Advisor Managed Account, choose one Receiving Account:  |  |  |  |
| ☐ The Signatry's main account  Securities received into The Signatry's main account will be liquidated upon receipt.  |  |  |  |
| ☐ The Signatry's Advisor Managed Account ending in  |  |  |  |

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| Contributor                       |                                      |                      |  |  |
|-----------------------------------|--------------------------------------|----------------------|--|--|
|                                   |                                      |                      |  |  |
| Please provide the following in   | formation for the person(s) making   | g this contribution. |  |  |
| Contributor's Name                |                                      |                      |  |  |
| Address                           |                                      |                      |  |  |
| Street                            |                                      |                      |  |  |
| City                              | State                                | ZIP                  |  |  |
| Phone                             |                                      |                      |  |  |
| Email Address                     |                                      |                      |  |  |
|                                   |                                      |                      |  |  |
| METHOD OF CONTRIBUTION            | NC                                   |                      |  |  |
| This form is notification for a c | ontribution of (select one of the fo | ollowing):           |  |  |

☐ Cash

Complete section D below

☐ Securities (Note: Cannot be held at a third-party transfer agent such as Computershare, EQ Shareowners, etc.) Complete section E below

# **Cash Donations**

**Amount of Donation** 

**Expected Date of Transfer** 

Name of Sending Institution

# If transferring via Wire or ACH:

Please include the fund ID and/or name in the comments section of the wire transfer. This will help us identify the intended destination for the contribution in a timely way.

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U.S. TRANSFERS

Receiving Bank:

National Bank of Indianapolis 107 N. Pennsylvania St., Suite 700

Indianapolis, IN 46204

Receiving Bank ABA: 074006674 Beneficiary Name: The Signatry Beneficiary Account Number: 1643188 INTERNATIONAL TRANSFERS

Receiving Bank: First Horizon Bank 165 Madison Ave Memphis, TN 38103

SWIFT Code: FTBMUS44 Receiving Bank ABA: 084000026 Beneficiary Name: The Signatry

Beneficiary Account Number: 1643188

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## **Securities Donations**

Instruct your advisor/broker to initiate the gift.

Issuer

**Expected Date of Transfer** 

#### **List of Marketable Securities**

Please complete the following information regarding your contribution so that we can identify your gift when it is transferred to The Signatry.

If you are transferring more than 3 securities, please attach a spreadsheet with the full list of securities.

| 1. | Name of Security    |
|----|---------------------|
|    |                     |
|    | # of Shares         |
|    |                     |
|    | Ticker/CUSIP        |
|    | TICKET/COOIF        |
|    |                     |
|    | Expected Value (\$) |
|    |                     |
| 2. | Name of Security    |
|    | <u>`</u>            |
|    | # of Shares         |
|    | # Of Strates        |
|    |                     |
|    | Ticker/CUSIP        |
|    |                     |
|    | Expected Value (\$) |
|    |                     |
| 3. | Name of Security    |
| 0. | - Name of occurry   |
|    |                     |
|    | # of Shares         |
|    |                     |
|    | Ticker/CUSIP        |
|    |                     |
|    | Expected Value (\$) |
|    |                     |

For securities being transferred to The Signatry's main account, contact your broker to initiate the transfer with the information below. **Securities received in The Signatry's main account will be liquidated on receipt.** 

Deliver all DTC/ACT eligible securities to:

Charles Schwab and Company

DTC 0164, Code 40

Account name: The Signatry Account number: 9511-3100

If unable to deliver via DTC/ACT, please contact a member of our Donor Care team at 913-310-0279 or donorcare@thesignatry.com.

Note: The financial institution holding the securities may require the use of its own form or letter of instruction. Please check with the firm to see what additional forms they require. If the securities are not transferable, notify The Signatry that the intended gift will not be completed.

# **Finalize and Submit Contribution Form**

| l understand and acknowledge that this form cannot be used to transfer property to The Signatry. Any contribution |
|---|
| should be coordinated with my broker or advisor, and any contribution, once accepted by the fund, represents an   |
| rrevocable contribution to The Signatry and is not refundable to me for any reason.                               |
|   |

| Donor's Signature |   |  |  |
|-------------------|---|--|--|
| Date              |   |  |  |
|                   |   |  |  |
| Form              | Submission Checklist  |  |  |
|                   |   |  |  |
|                   | Complete the fund and contributor information (sections A and B)  |  |  |
|                   | Chose the method of contribution (section C) and complete the related information in either section D or E                                  |  |  |
|                   | Sign (section F) and submit a completed copy of this form to The Signatry via email to donorcare@thesignatry.com or via fax to 913-227-0254 |  |  |
|                   | Instruct your advisor/broker to initiate the gift.  |  |  |

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