

Pooled Income Funds

Forms Booklet

June 7, 2019

Offered through U.S. Charitable Gift Trust™.

A simplified and tax-advantaged approach to charitable giving. Sponsored by Eaton Vance.

Pooled Income Funds

U.S. Charitable Gift Trust™ (Gift Trust) is a tax-exempt public charity offering donor-advised funds. The Gift Trust has established pooled income funds as described herein (Pooled Income Funds). Each Pooled Income Fund is a separate trust established by the Gift Trust. The Pooled Income Funds are designed to provide future support for the Gift Trust (and, ultimately, eligible charities that receive grants from the Gift Trust) and, at the same time, to provide a tax deduction to the Donor and a source of income for designated beneficiaries.

Eaton Vance Management (Eaton Vance) is the sponsor of the Pooled Income Funds and the Gift Trust. Eaton Vance also is the investment adviser of the Pooled Income Funds and an investment adviser of the Gift Trust. Eaton Vance Trust Company, a Maine trust company affiliated with Eaton Vance, is trustee of the Pooled Income Funds and the Gift Trust. Eaton Vance Distributors, Inc. (Placement Agent), a broker-dealer affiliated with Eaton Vance, is placement agent for the Pooled Income Funds and the Gift Trust. Renaissance Philanthropic Solutions Group, a charitable gift services administrator not affiliated with Eaton Vance, is the administrator of the Pooled Income Funds and the Gift Trust.

Gifting to the Pooled Income Funds of U.S. Charitable Gift Trust

Eligible Donors may contribute to a Pooled Income Fund by following the instructions in this Forms Booklet. Donors may include individuals and U.S. trusts, estates, corporations and other U.S. legal entities. A Pooled Income Fund will maintain a sub-account (Fund Account) that will reflect your contribution and the income beneficiary's(ies') proportionate share of income. If accepted by the Trustee, contributions to a single Fund Account may be made by multiple Donors, such as spouses who each contribute securities they own in their individual names.

Please send your completed Donor Information Form to the Administrator, Renaissance Philanthropic Solutions Group, and follow the instructions below. **Please also send a fully completed Internal Revenue Service (IRS) Form W-9 or other applicable U.S. tax form for each of your Fund Account's income beneficiaries** to the Administrator at the following address:

U.S. Charitable Gift Trust
c/o Renaissance Philanthropic Solutions Group
8910 Purdue Road, Suite 500, Indianapolis, IN 46268

Phone: 1-800-664-6901
Fax: 1-877-227-3479
www.uscharitablegifttrust.org
uscgt@reninc.com

Contribution type	Instructions
Cash	
Check	Please make the check payable to U.S. Charitable Gift Trust™. Mail check along with the Donor Information Form* to the Administrator.
Wire	Mail or fax the Donor Information Form* to the Administrator, noting the gift will be arriving via wire. Please wire to: Wells Fargo Bank, N.A. 420 Montgomery Street, San Francisco, CA 94014 ABA Number: 121000248 Account Number: 4529914723 For benefit of: U.S. Charitable Gift Trust™
Securities**	
Stock Certificate	Please contact the Administrator at the number above for assistance with this type of transfer.
Publicly Traded Securities Held in a Brokerage Account	Please follow the Guide to Gifting Securities on pages 13-14
Mutual Funds Held in a Brokerage Account or Directly with the Fund	Please follow the Guide to Gifting Securities on pages 13-14
Please contact the Administrator for additional information about contributing the following: (Contributions of privately held and restricted stock are subject to approval by the Trustee)	<ul style="list-style-type: none"> ▪ Stock held with the Transfer Agent ▪ Stock held in Dividend Reinvestment Plan ▪ Privately Held Stock ▪ Restricted Stock

*If this is an additional contribution and both beneficiary and remainder interest designations remain the same, please send the Additional Contribution Form in lieu of the Donor Information Form.

**Gifts of short-term or tax-exempt securities are not eligible.

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Donor Information Form

Important information about procedures for opening a new Fund 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 a Fund 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.

Section 1: Donor Information

We will mail statements to each Donor if their addresses are different.

Donor 1 *Please Complete All Fields*

Mr. Mrs. Ms. Miss Dr.

Donor Name	Date of Birth	Social Security Number
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Account Mailing Address (All account correspondence will be sent to this address. P.O. Boxes are allowed.)

City	State	Zip Code
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Residential Street Address (if different from above. P.O. Boxes are not allowed.)

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

Daytime Phone	Evening Phone	Email Address
---------------	---------------	---------------

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 (e.g., Passport)
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Donor 2 (if applicable) *Please complete all fields.*

Mr. Mrs. Ms. Miss Dr.

Donor Name	Date of Birth	Social Security Number
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Account Mailing Address (All account correspondence will be sent to this address. P.O. Boxes are allowed.)

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

Residential Street Address (if different from above. P.O. Boxes are not allowed.)

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

Daytime Phone	Evening Phone	Email Address
---------------	---------------	---------------

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 (e.g., Passport)
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Section 2: Name Your Fund Account

You may select a title for your Fund Account, and you may include your name or another 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 Fund Account, it will be titled The (Donor Name) Charitable Fund. The Gift Trust's Board of Directors (Board of Directors) reserves the right in its sole discretion to approve any name for a Fund Account or to make changes to the name of a Fund Account.

Account Name

Section 3: Income Beneficiary(ies)

You may select one or two people to receive the income earned by your Fund Account (for example, you and your spouse, or you and your child, or your spouse and your sister, etc.).

Income beneficiaries may not be changed. ***Please send a fully completed IRS Form W-9 or other applicable U.S. tax form for each of your Fund Account's income beneficiaries to the Administrator at the address shown on page 1 of this Forms Booklet.***

First Income Beneficiary Please check if first income beneficiary is the same as Donor 1.

Name	Date of Birth	Social Security Number
Mailing Address		
City	State	Zip Code
Daytime Phone		

Second Income Beneficiary (if applicable) Please check if second income beneficiary is the same as Donor 2.

Name	Date of Birth	Social Security Number
Mailing Address		
City	State	Zip Code
Daytime Phone		

If you have chosen a second beneficiary, choose and complete one of the options below and then go to Section 4. The income beneficiary(ies) you designate will receive monthly income as determined by you.

Option A: Concurrent Income Beneficiaries

In this option, the income beneficiaries will receive the designated percentage of income for their joint lives. Upon the death of an income beneficiary, the surviving income beneficiary will receive 100% of the income. Percentages do not have to be equal but must total 100%.

Name _____ will receive _____ % of the income and

Name _____ will receive _____ % of the income as concurrent income beneficiary.

Please check if you would like one income check made payable to both income beneficiaries (for example, spouses).

Option B: Consecutive Income Beneficiaries

In this option, the income beneficiaries will receive income in succession. Upon the death of the first income beneficiary, the second beneficiary will receive the income.

Name _____ will receive all income during his/her lifetime, and thereafter.

Name _____ will receive all income during his/her lifetime as consecutive income beneficiary.

Note: You should consult with your advisor about the gift and estate tax issues raised by this designation. If you designate yourself to be the first income beneficiary, you may reserve the right to revoke the income interest of the successor beneficiary through your will. Failure to reserve this right will cause you to make a gift for federal gift tax purposes of the value of the successor beneficiary's future income interest. It is highly recommended that you reserve the right to revoke the income interest of your successor beneficiary by signing the statement below. Note that the application of the marital deduction rules can be complex in the Pooled Income Fund context and depends, in part, on the structure of the spousal income interest. Donors are urged to contact their advisers to discuss their particular situation.

I/We hereby retain the power, exercisable only by will, to revoke the income interest of the successor beneficiary designated by me/us.

Donor 1 Signature

Donor 2 Signature

Section 4: Initial Contribution (\$20,000 minimum initial contribution per Fund Account)

(\$) Approximate Value: _____

Check Wire Security Other: _____

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)

Note: The Pooled Income Funds cannot accept tax-exempt securities or securities held by you for one year or less.

Please refer to pages 13-14 of this Forms Booklet for additional forms and instructions on how to make contributions of securities.

Section 5: Donor's Financial Advisor

(This section should be completed by your advisor.)

Advisor's Firm

Advisor Name

Advisor Signature

Mailing Address

City

State

Zip Code

Telephone

Email Address

Fax Number

Broker Firm/Dealer Firm

Branch Number (Must provide)

Representative Number (Must Provide)

Section 6: Pooled Income Fund Selection

Please read the Gifting Booklet before making your selection. These selections cannot be changed. Allocations must equal 100%.

The minimum contribution is required for each Pooled Income Fund selection.

_____ % Current Income Pooled Income Fund

_____ % High-Yield Pooled Income Fund

_____ % Growth & Income Pooled Income Fund

Section 7: Charitable Account Designations

Upon the death of the Fund Account’s last-surviving income beneficiary, the Fund Account will convert into a sub-account (Charitable Account) of one of the Gift Trust’s Donor-Advised Funds. *Please select among Options A, B, C and/or D below (and indicate the percentage allocation to each option) to direct how your Charitable Account will be used to support qualified charitable organizations.* For Options A, B and D, the designation of the qualified charitable organizations (or the Gift Trust’s general fund) to be supported and the manner of support may be either irrevocable (i.e., once made, cannot be changed later) or revocable (i.e., can be changed at any time prior to disbursement from the Charitable Account). If you select Option C or elect to make your charitable designations under Option A, B or D revocable, you or a successor Donor Advisor may later change your designations by submitting a written request to the Administrator. Refer to the Gift Trust’s Gifting Booklet for Donor-Advised Funds for additional details.

Option A _____ % Immediate Distribution of Charitable Account Assets

I/We direct the immediate distribution of all of my/our Charitable Account assets to the qualified charitable organizations listed below in the percentages specified. I/We understand that all grant distributions are subject to the Gift Trust’s determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. *Percentages within Option A indicated below must total 100%. (Donors may attach additional sheets and list up to a total of ten charitable organizations.)*

Please check this box if you choose to make selection of this Option and the designations below irrevocable.

1st Organization

Organization Name	Federal Tax ID Number (if known)	Phone
Mailing Address		
City	State	Zip Code
Percentage (%) of Available Charitable Account Balance		Special Allocation or Purpose (if applicable)

2nd Organization

Organization Name	Federal Tax ID Number (if known)	Phone
Mailing Address		
City	State	Zip Code
Percentage (%) of Available Charitable Account Balance		Special Allocation or Purpose (if applicable)

Option B _____ % Establishing a Charitable Endowment

I/We direct the establishment of an endowment to provide annual grants from my/our Charitable Account to the qualified charitable organizations listed below in the percentages specified. I/We understand that all grant distributions are subject to the Gift Trust's determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. *Percentages within Option B indicated below cannot exceed 100%. (Donors may attach additional sheets and list up to a total of ten charitable organizations.)*

Please check this box if you choose to make selection of this Option and the designations below irrevocable.

1st Organization

Organization Name	Federal Tax ID Number (if known)	Phone
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Mailing Address

City	State	Zip Code
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Special Allocation or Purpose (if applicable)

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

2nd Organization

Organization Name	Federal Tax ID Number (if known)	Phone
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Mailing Address

City	State	Zip Code
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Special Allocation or Purpose (if applicable)

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

Option C _____ % Designating Donor Advisor(s) to Grant Distributions

I/We designate the individual(s) listed below as Donor Advisor(s) to my/our Charitable Account, with authority to grant distributions from the Charitable Account to qualified charitable organizations of his/her/their choosing on a timeframe of his/her/their choosing. I/We understand that all grant distributions are subject to the Gift Trust's determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. *Please attach a separate page listing additional Donor Advisors if necessary.*

Donor Advisor 1

Name	Date of Birth	Social Security Number
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Mailing Address

City	State	Zip Code
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Daytime Phone

Donor Advisor 2

Name	Date of Birth	Social Security Number
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Mailing Address

City	State	Zip Code
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Daytime Phone

If your Charitable Account has two or more Donor Advisors at the same time, indicate below whether you elect to grant each Donor Advisor individual authority to exercise the rights of Donor Advisor or elect to require the consent of all Donor Advisors then serving.

I/We hereby elect to grant each person then serving as Donor Advisor the individual authority to exercise the rights of Donor Advisor.

I/We hereby elect not to grant each person then serving as Donor Advisor the individual authority to exercise the rights of Donor Advisor, and elect instead to require the consent of all Donor Advisors as then serving.

Option D _____ % Supporting the Gift Trust General Fund

I/We direct the immediate distribution of the Charitable Account's assets to the general fund maintained by the Gift Trust and request (*choose one of the below*):

Support of the below-listed permitted charitable purposes (e.g., medical research or education) from which the Board of Directors will choose specific qualified charitable organizations as grant recipients; or

That the Board of Directors choose the charitable purpose and specific qualified charitable organizations as grant recipients.

Please check this box if you choose to make selection of this Option and the designations below irrevocable.

Recommended charitable purposes (if applicable): _____

Section 8: Donor Signature(s)

I/We hereby irrevocably transfer to the Trustee of the Pooled Income Funds of U.S. Charitable Gift Trust (Gift Trust) designated by me/us in Section 6 the property described in Section 4. This property is to be held, managed and distributed according to the terms of each designated Pooled Income Fund's Declaration of Trust (Declaration of Trust), the Donor-Advised Funds' Gifting Booklet, the Gifting Booklet and this Donor Information Form.

As required by the Declaration of Trust, I/We agree to the following:

1. It is my/our intention that this gift qualify as a gift to a Pooled Income Fund as defined in Section 642(c)(5) of the U.S. Internal Revenue Code of 1986, as amended from time to time, and this Donor Information Form shall be interpreted accordingly.
2. I/We declare that the contribution described in this Donor Information Form is irrevocable and is not subject to amendment or modification by me/us other than as set forth in Sections 3 and 7. I/We also acknowledge that I/we cannot sell units in the Pooled Income Funds, borrow against them or assign them to anyone other than the Gift Trust.
3. I/We represent that the information provided in this Donor Information Form will be accurate and complete at the time of any additional contributions that I/we may make unless I/we notify the Administrator otherwise in writing.
4. If any gift, legacy, succession, inheritance, estate, or generation-skipping tax is assessed on my/our contributions to the Pooled Income Funds, or any income interest related to my/our gift, I/we agree on behalf of myself/ourselves and my/our heirs, legal representatives, successors, and assigns to arrange for payment of this tax out of a source other than the Pooled Income Funds and to indemnify the Pooled Income Funds from any and all liability for such tax.
5. Upon termination of the interests of the income beneficiaries named in Section 3, the value of the units of the Pooled Income Funds representing their interests will be separated from the Pooled Income Funds and transferred to the Gift Trust in accordance with the Declaration of Trust and the units will be canceled.
6. I/We represent and warrant that the information provided by me/us on this Donor Information Form is true and correct and I/we will indemnify the Pooled Income Funds against any losses they may suffer due to any misrepresentations, breach or failure of such representations.
7. I/We acknowledge that, before making this transfer, I/we have read the Gifting Booklet describing the Pooled Income Funds and agree to its terms and conditions.

8. I/We acknowledge that before making this transfer, I/we have reviewed the Important Information About Procedures For Opening a New Account section appearing on page three of the application and agree to its terms and conditions.
9. I/We hereby certify that, to the best of my/our knowledge, all information presented with this Donor Information Form is accurate. I/We understand the investment objectives and program and believe that the Pooled Income Funds are suitable charitable giving vehicles for me/us, based upon my/our investment needs and financial situation as well as my/our charitable intentions.

I/We certify under the penalties of perjury that (1) the social security or other taxpayer identification number (TIN) provided in Section 1 is my correct TIN, and (cross out the following if it does not apply to you), (2) (a) I am not subject to U.S. Internal Revenue Service (IRS) backup withholding as a result of a failure to report all interest or dividends, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) I have been notified by the IRS that I am no longer subject to backup withholding. If you are exempt from backup withholding, circle clause 2(a). The IRS does not require your consent to any provisions of this application other than the certifications in this paragraph.

Donor 1 Signature

Date

Donor 1 Name (Please print)

Donor 2 Signature (if applicable)

Date

Donor 2 Name (Please print)

Guide to Gifting Securities

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 Administrator, Renaissance Philanthropic Solutions Group, at 1-800-664-6901 if you need assistance.

Address of Renaissance Philanthropic Solutions Group: 8910 Purdue Road, Suite 500, Indianapolis, IN 46268.
Fax number: 1-877-227-3479.

Gifts of short-term or tax-exempt securities are not eligible.

Gifts of Tradable Securities; e.g., stocks

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

Steps to Gift

1. Complete the Letter of Authorization to Transfer Securities. Please confirm with the firm holding the securities if a Medallion Signature Guarantee is needed.
2. Send the original Letter of Authorization to the broker-dealer or other firm holding your securities.
3. Mail or fax a copy of the Letter of Authorization to the Administrator to the address or fax number provided above. Because the securities will arrive in the general account of the Gift Trust, providing a copy of the letter alerts the Administrator to watch for your gift.
4. Upon acceptance of your gift, the Administrator will provide you with a written acknowledgment of the gift, including the date of contribution, the amount of any cash contributed and, in the case of contributed securities, a description of the securities contributed. The acknowledgement will include a provisional calculation, prepared by the Administrator, of the charitable remainder portion of the contribution value for purposes of determining your allowable itemized federal income tax deduction. Each Donor is responsible for reviewing and confirming the calculation with his or her own tax advisors.

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 Gift Trust.

Steps to Gift

1. Complete the Letter of Authorization to Transfer Securities. Please confirm with the firm holding the mutual fund if a Medallion Signature Guarantee is needed.
2. Send the original Letter of Authorization to the broker-dealer or other firm holding your mutual fund shares.
3. Mail or fax a copy of the Letter of Authorization to the Administrator to the address or fax number provided above. Because the securities will arrive in the general account of the Gift Trust, providing a copy of the letter alerts the Administrator to watch for your gift.
4. Upon acceptance of your gift, the Administrator will provide you with a written acknowledgment of the gift, including the date of contribution, the amount of any cash contributed and, in the case of contributed securities, a description of the securities contributed. The acknowledgement will include a provisional calculation, prepared by the Administrator, of the charitable remainder portion of the contribution value for purposes of determining your allowable itemized federal income tax deduction. Each Donor is responsible for reviewing and confirming the calculation with his or her own tax advisors.

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.
- Please confirm with the firm holding your tradeable securities or mutual fund shares if a Medallion Signature Guarantee is needed for the transfer.
- If you have any questions, please contact the Administrator, Renaissance Philanthropic Solutions Group at 1-800-664-6901.

Letter of Authorization to Transfer Securities

Donor Instructions: Please complete the information below to gift publicly traded securities or mutual fund shares to the Pooled Income Funds of U.S. Charitable Gift Trust (Gift Trust). You may refer to the Guide to Gifting Securities for detailed instructions to complete the information below. The original letter should be sent to the broker-dealer (or other custodian) that holds the securities; please also fax a copy of the letter to the Administrator, Renaissance Philanthropic Solutions Group at 1-877-227-3479. Gifts of short-term or tax-exempt securities are not eligible.

Instructions to the Broker-Dealer (or Other Custodian) Holding Assets: As instructed by the client, please deliver the indicated securities to U.S. Charitable Gift Trust. All transfers are to be made in kind. For transfers of publicly traded securities or mutual fund shares, please deliver to:

U.S. Charitable Gift Trust
Eaton Vance Trust Company, Trustee
c/o First Clearing LLC
DTC Number 0141
Account Number 1614-4242

If you have any questions, please contact the Administrator, Renaissance Philanthropic Solutions Group at 1-800-664-6901.

Name of Broker-Dealer (or Other Custodian) Holding Assets	Date	Daytime Phone
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Mailing Address

City	State	Zip Code
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Dear: _____ (Name of Broker-Dealer (or Other Custodian) Holding Assets)

Please accept this letter as my/our authorization to irrevocably transfer the following position(s) from my/our account, provided below, to the Gift Trust.

From: _____ (My/Our 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,

Donor 1 Signature

Donor 1 Name (Please Print)

Donor 2 Signature (If Applicable)

Donor 2 Name (Please Print)

U.S. Charitable Gift Trust Account Number (If Known)

If shares are held at your firm, a Medallion Signature Guarantee may not be required. Please confirm with firm holding the securities if Medallion Signature Guarantee is needed.

Additional Contribution Form

Send this completed form to the Administrator, Renaissance Philanthropic Solutions Group.

Email: uscgt@reninc.com, Fax: 1-877-227-3479, or Mail to: 8910 Purdue Rd., Suite 500, Indianapolis, IN 46268. If you are contributing securities, also send a completed Letter of Authorization to Transfer Securities.

Section 1: Account Information

Donor Name(s)

Daytime Phone

Account Name

Account Number(s)

Section 2: Additional Contribution (\$5,000 Minimum Additional Contribution)

(\$) Approximate Value: _____

Check

Wire

Security

Other

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)

Please refer to the Gifting to the Pooled Income Funds of U.S. Charitable Gift Trust section included in this Pooled Income Funds Forms Booklet for additional information. Gifts of short-term or tax-exempt securities are ineligible.

Section 3: Investment Choice for Additional Contribution

The additional contribution will be made to the Pooled Income Funds currently held by the account(s) referenced in Section 1. If you would like to make a contribution to a new Pooled Income Fund, please complete the forms to make a new gift to a Pooled Income Fund.

If you provided more than one account number in Section 1, please provide the allocation of your additional contribution. These selections cannot be changed.

_____ % Account number _____

_____ % Account number _____

_____ % Account number _____

Section 4: Signature(s)

I/We acknowledge that I/we have read Pooled Income Funds' Gifting Booklet and agree to the terms and/or conditions described therein. I/we certify that all information provided by me/us in my/our original Donor Information Form is still accurate and complete. I/we understand that any contribution, once accepted, represents an irrevocable contribution to one or more of the Pooled Income Funds designated by me/us and is not refundable to me/us.

Donor 1 Signature

Date

Donor 1 Name (Please print)

Donor 2 Signature (if applicable)

Date

Donor 2 Name (Please print)

Distribution Instructions for Monthly Income

Monthly income distributions from the Pooled Income Funds are mailed via check to the income beneficiary's address of record unless directed otherwise. Please complete the information below if you would like the income distribution payable directly to the income beneficiary's bank account. Please complete this form for each income beneficiary who should receive direct payments.

Note: The account provided in Section 2 must be directly held by the income beneficiary. Designations of electronic transfers to accounts held by third parties will not be honored. Please contact the Administrator, Renaissance Philanthropic Solutions Group, at 1-800-664-6901 if you have any questions on this election.

Section 1: Your Pooled Income Fund Information

Name of Income Beneficiary _____

Account #1: _____

Account #2 (if applicable): _____

Account #3 (if applicable): _____

Section 2: Electronic Transfer Information

Name of Financial Institution _____

Routing/ABA# _____

City _____ State _____ Zip Code _____

Account Number _____ Name(s) Registered on the Account _____

Please mark the type of account: Checking Account Savings/Money Market Account

Section 3: Please Attach a Copy of a Voided Check

Please attach voided check here

Section 4: Signature

Signature of Income Beneficiary

Date

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Contact Information

Administrator

U.S. Charitable Gift Trust™
c/o Renaissance Philanthropic Solutions Group
8910 Purdue Road, Suite 500
Indianapolis, IN 46268
Tel: 1-800-664-6901
Fax: 1-877-227-3479
www.uscharitablegifttrust.org
uscgt@reninc.com

Sponsor and Investment Adviser

Eaton Vance Management
Two International Place
Boston, MA 02110
eatonvance.com
Tel: 1-800-225-6265

Placement Agent

Eaton Vance Distributors, Inc.
Two International Place
Boston, MA 02110

Trustee

Eaton Vance Trust Company
Two International Place
Boston, MA 02110

