

3. DESIGNATE SUCCESSOR DONOR-ADVISOR(S)/BENEFICIARY(IES)

Upon the death, incapacity, or refusal to serve of **ALL** donor-advisors, the funds remaining in the account can be handled in several ways. You can name a successor donor-advisor(s), designate a charitable organization(s), or a combination of both. If no successor donor-advisor(s) or charitable organization(s) are named, the balance of the account will be transferred to the Gift Fund's Unrestricted Fund.

If you choose to name a successor donor-advisor(s) **AND** charitable organization(s), the percentage allocated to the charitable organization(s) will be distributed first, then the remaining balance will be allocated to the successor donor-advisor(s) as specified.

If you are naming more than one successor donor-advisor, please indicate whether you want these individuals to share the responsibility for the current account or to split the account into several new accounts – one for each successor.

Total allocation for this section MUST add up to 100% (Please make additional copies if necessary)

Share Current Account

Split Into New Accounts

1. Successor Donor-Advisor	<input type="text" value=""/>	%	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.
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FIRST NAME MIDDLE INITIAL LAST NAME

STREET ADDRESS

CITY STATE ZIP

DATE OF BIRTH SSN

PRIMARY PHONE NUMBER EMAIL ADDRESS

2. Successor Donor-Advisor	<input type="text" value=""/>	%	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.
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FIRST NAME MIDDLE INITIAL LAST NAME

STREET ADDRESS

CITY STATE ZIP

DATE OF BIRTH SSN

PRIMARY PHONE NUMBER EMAIL ADDRESS

3. Successor Donor-Advisor	<input type="text" value=""/>	%	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.
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FIRST NAME MIDDLE INITIAL LAST NAME

STREET ADDRESS

CITY STATE ZIP

DATE OF BIRTH SSN

PRIMARY PHONE NUMBER EMAIL ADDRESS

4. Beneficiary Charitable Organization

NAME OF ORGANIZATION

STREET ADDRESS

CITY STATE ZIP

FEDERAL TAX ID NUMBER (IF KNOWN) PHONE NUMBER

5. Beneficiary Charitable Organization

NAME OF ORGANIZATION

STREET ADDRESS

CITY STATE ZIP

FEDERAL TAX ID NUMBER (IF KNOWN) PHONE NUMBER

6. Beneficiary Charitable Organization

NAME OF ORGANIZATION

STREET ADDRESS

CITY STATE ZIP

FEDERAL TAX ID NUMBER (IF KNOWN) PHONE NUMBER

4. RECOMMEND INVESTMENT POOL(S):

You may recommend how to allocate your donations using one or more of the four investment pools. If you do not make a pool selection, your donations will be allocated to the Short-Term Investment Pool. Information about each investment pool can be found in the Program Circular. Investment pool allocations can be changed at any time by contacting the Gift Fund.

INVESTMENT POOL

Stock Investment Pool	<input style="width: 100px;" type="text" value="%"/>
Bond Investment Pool	<input style="width: 100px;" type="text" value="%"/>
Balanced Investment Pool	<input style="width: 100px;" type="text" value="%"/>
Short-Term Investment Pool	<input style="width: 100px;" type="text" value="%"/>
TOTAL INVESTMENT POOL ALLOCATION	<input style="width: 100px;" type="text" value="%"/>

Please use whole numbers.

5. GENERAL TERMS:

I acknowledge that I have read the Program Circular and agree to the terms and conditions described therein. I understand that any donation, once accepted by the Johnson Charitable Gift Fund, represents an irrevocable donation and is not refundable to me and that the Gift Fund has exclusive legal control over the assets.

I understand that I may make suggestions for grants to be made to charitable organizations. While the Gift Fund will give careful and thoughtful consideration to all such suggestions, I understand that the final decision concerning grants will be made by the Gift Fund.

I understand that these suggestions must be in accordance with IRS regulations covering charitable distributions and CANNOT be used to:

- Fulfill a legally binding pledge
- Support a political campaign or lobbying activities
- Pay for raffle or event tickets, memberships, dinners, or other activities that provide a personal benefit
- Pay for personal expenses

I understand that under the Pension Protection Act of 2006, I could be assessed a penalty if I receive more than an incidental benefit as the result of a distribution from my donor-advised account. I further understand that I cannot deduct the grant as I have already deducted my donations to the Johnson Charitable Gift Fund. I will disregard any tax receipt(s) from the suggested charity(s).

If there is more than one donor-advisor on the account, each donor-advisor has the authority, acting individually and without notice to any other donor-advisor, to deal with the Gift Fund as fully and completely as if he/she were the sole donor-advisor and may make any changes to the account except to remove other donor-advisors.

I certify that all information represented in this application is accurate, and I will promptly notify the Gift Fund in writing of any changes.

The Johnson Charitable Gift Fund is a 501(c)(3) public charity.

6. SIGNATURES REQUIRED: (All donor-advisors must sign below)

I acknowledge that I have read the Program Circular and agree to the terms and conditions described therein. I understand that any donation, once accepted by the Johnson Charitable Gift Fund, represents an irrevocable donation and is not refundable to me and that the Gift Fund has exclusive legal control

DONOR-ADVISOR #1 SIGNATURE	DONOR-ADVISOR #1 NAME (print)	DATE
DONOR-ADVISOR #2 SIGNATURE	DONOR-ADVISOR #2 NAME (print)	DATE
DONOR-ADVISOR #3 SIGNATURE	DONOR-ADVISOR #3 NAME (print)	DATE

ASSET DELIVERY INSTRUCTIONS

To a Johnson Charitable Gift Fund Account

If you transfer assets from a financial institution other than Johnson Investment Counsel, Inc., the financial institution will need these delivery instructions to make the asset transfer:

WIRE INSTRUCTIONS:

U.S. Bank N.A.

ABA: 091000022

Account Name: JCGF Disbursement Account

Account Number: 130107144524

Reference: (donor-advised account name): _____

MAIL CHECKS AND PHYSICAL SECURITIES:

Johnson Charitable Gift Fund

3777 West Fork Road

Cincinnati, OH 45247

ALL DTC- ELIGIBLE SECURITIES (EXAMPLE: STOCKS):

To: Charles Schwab

DTC Number: 0164 (Code 40)

Account Name: Johnson Charitable Gift Fund Clearing Account

Account Number: 7626-6973

Reference: (donor-advised account name): _____

FED BOOK-ENTRY SECURITIES (EXAMPLE: BONDS):

To: JPM Chase/CCC

ABA #: 021000021

Account Name: Charles Schwab

Account #: G69873

FBO: Johnson Charitable Gift Fund Clearing Account # 7626-6973

Reference: (donor-advised account name): _____