

Pooled Income Funds

Forms Booklet

The **U.S.**
CHARITABLE
GIFT TRUST®

Offered through The U.S. Charitable Gift Trust®

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

Charitable Giving Made Easy

The U.S. Charitable Gift Trust[®] (“The USCGT”), sponsored by Eaton Vance, is a tax-exempt public charity, approved by the IRS, that receives donations from individuals, corporations and others and makes gifts to qualified charities throughout the United States.

Through its Donor Advised Fund and Pooled Income Funds, The USCGT offers you the opportunity to manage your philanthropic interests and goals through one simple, straightforward vehicle and provides you with cost efficiencies and investment diversification that is not possible with individual planned gifts. Moreover, The USCGT platform will provide you with many of the same advantages as a private foundation but without the complexity and the cost.

Pooled Income Funds 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, Wilmington Trust Retirement & Institutional Services, at 1-800-664-6901.

TYPES OF GIFTS:	
The following are generally acceptable gifts to The U.S. Charitable Gift Trust:	
Cash	<ul style="list-style-type: none"> • Check • Wire
Publicly Traded Stock	<ul style="list-style-type: none"> • Held in a Brokerage Account • Held by the Transfer Agent • Held in a Dividend Reinvestment Plan • Held in certificate form
Mutual Funds	<ul style="list-style-type: none"> • Held by the Fund family • Held in a brokerage account
Other Publicly Traded Securities	<ul style="list-style-type: none"> • Treasury Notes

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

The following may be gifted to The U.S. Charitable Gift Trust, subject to approval by the Trustee:	
Subject to approval by the Trustee:	<ul style="list-style-type: none"> • Privately Held Stock • Restricted Stock

Please contact the Trustee for additional information.

Pooled Income Funds

Donor Information Form



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.

SECTION 1: DONOR INFORMATION

We will mail correspondence to each Donor if their 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

Residential Street Address (if different from 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 (e.g., Passport)

DONOR 2 (IF APPLICABLE) PLEASE COMPLETE ALL FIELDS.

Donor Name Date of Birth Social Security Number

Residential Street Address (if different from 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 (e.g., Passport)

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SECTION 2: 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."

.....
Account Name

SECTION 3: INCOME BENEFICIARY(IES)

You may select one or two people to receive the income earned by your account (for example, you and your spouse, or you and your child, or your spouse and your sister, etc.). Once you've determined the income beneficiaries, please complete all information below. Income Beneficiaries may not be changed.

FIRST INCOME BENEFICIARY

.....
Name Date of Birth Social Security Number

.....
Mailing Address

.....
City, State & ZIP Daytime Phone

SECOND INCOME BENEFICIARY (IF APPLICABLE)

.....
Name Date of Birth Social Security Number

.....
Mailing Address

.....
City, State & ZIP Daytime Phone

If you have chosen a **second income 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%.

..... will receive % of the income **and**
Name

..... will receive % of the income as Concurrent Income Beneficiary.
Name

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

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OPTION B: CONSECUTIVE INCOME BENEFICIARIES

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

..... will receive all income during his/her lifetime as Consecutive Income Beneficiary.
Name

Note: You should consult with your advisor about the gift and estate tax issues raised by this designation. If the second income beneficiary is a non-spouse and 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:**

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 ACCOUNT)

..... Check Wire Security Other:
(\$) Approximate Value:

Note: The Pooled Income Funds cannot accept tax-exempt securities or securities held by you for less than one year. Please refer to the Gifting to The U.S. Charitable Gift Trust, included in the Pooled Income Funds Forms Booklet for specific instructions on making contributions of securities, or call 1-800-664-6901 for assistance.

SECTION 5: DONOR'S FINANCIAL ADVISOR

(This section 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 Number (if any) / Representative Number

SECTION 6: INVESTMENT SELECTION

Please read the Gifting Booklet before making your investment selection. **These selections cannot be changed. Allocations must equal 100%. The minimum contribution is required for each Pool Income Fund.**

..... % Current Income Fund % High Yield Fund % Growth & Income Fund

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SECTION 7: SUCCESSOR RECOMMENDATION

Upon the deaths of the income beneficiaries listed in Section 3 of this form, the value of the units attributable to your contribution (the “remainder interest”) will be paid to The U.S. Charitable Gift Trust. Please select Option A, B, C or D to direct the further disposition of your account. Options A, B, or C may be changed by you at any time by resubmitting a written request; option D is **irrevocable**. You, as the donor, may at any time during your life or through your will, establish a Donor Advised Fund Account. Such accounts will be established with the same name and investment objective as your Pooled Income Fund account, unless otherwise specified at any time in a letter of instruction by you or your account successor(s). Refer to Gifting Booklet for details.

OPTION A% **DONOR ADVISOR ELECTION** – I recommend that the remainder interest of my donation be used to establish a Donor Advised Fund Account in The U.S. Charitable Gift Trust, from which my designated donor advisor(s) may recommend grant distributions to be made to charitable organizations over time. Please attach any additional elections if necessary.

DONOR ADVISOR 1

.....
 Name Date of Birth Social Security Number

 Mailing Address

 City, State & ZIP Daytime Phone

DONOR ADVISOR 2

.....
 Name Date of Birth Social Security Number

 Mailing Address

 City, State & ZIP Daytime Phone

OPTION B% **ACCOUNT DISTRIBUTION** – I recommend that The U.S. Charitable Gift Trust distribute the remainder interest of my gift as specified below to the following tax-exempt charitable organization(s). I understand that all recommendations are subject to the gifting restrictions set forth in the Gifting Booklet and the approval of The U.S. Charitable Gift Trust’s Board of Directors. Percentages within Option B must total 100%. (Donors may attach another sheet and list up to a total of 10 charities.)

1ST ORGANIZATION

.....
 Organization Name Federal Tax ID Number (if known) Phone

 Mailing Address City, State & ZIP

 Percentage (%) of Available Gift Trust Account Balance Special Allocation or Purpose (if applicable)

2ND ORGANIZATION

.....
 Organization Name Federal Tax ID Number (if known)

 Mailing Address City, State & ZIP Phone

 Percentage (%) of Available Gift Trust Account Balance Special Allocation or Purpose (if applicable)

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SECTION 7: SUCCESSOR RECOMMENDATION (CONTINUED)

OPTION C% CHARITABLE ORGANIZATION ENDOWMENT.

I recommend that the remainder interest of my donation be used to establish an account in The U.S. Charitable Gift Trust, from which I recommend to the Board of Directors one or more qualified tax-exempt organizations to receive annual grants from the account. (Donors may attach another sheet and list up to a total of 10 charities.)

1ST ORGANIZATION

.....
 Organization Name Federal Tax ID Number (if known)

.....
 Mailing Address Phone

.....
 City, State & ZIP

.....
 Special Allocation or Purpose (if applicable)

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

2ND ORGANIZATION

.....
 Organization Name Federal Tax ID Number (if known)

.....
 Mailing Address Phone

.....
 City, State & ZIP

.....
 Special Allocation or Purpose (if applicable)

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

OPTION D% IRREVOCABLE CHARITABLE ORGANIZATION ENDOWMENT.

I recommend that the remainder interest of my donation be used to establish an account in The U.S. Charitable Gift Trust, from which I recommend to the Board of Directors one or more qualified tax-exempt organizations to receive annual grants from the account. (Donors may attach another sheet and list up to a total of 10 charities).

.....
 Organization Name Federal Tax ID Number (if known)

.....
 Mailing Address Phone

.....
 City, State & ZIP

.....
 Special Allocation or Purpose (if applicable)

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

SECTION 8: DONOR SIGNATURE(S)

I/We hereby irrevocably transfer to the Trustee of The U.S. Charitable Gift Trust's Pooled Income Funds the property described in Section 4. This property is to be held, managed, and distributed according to the terms of the Pooled Income Fund's Declaration of Trust ("Declaration of Trust"), 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 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 Funds, borrow against them or assign them to anyone other than The U.S. Charitable 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 Trustee 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 Fund, 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 Fund and to indemnify the Fund from any and all liability for such tax.
5. Upon termination of the interests of the income beneficiaries named in section 3, the units of the Pooled Income Fund representing their interests will be separated from the Fund and transferred to The U.S. Charitable Gift Trust in accordance with the Declaration of Trust.
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 Fund against any losses it 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 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 appearing on page one 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 Fund is a suitable investment, based upon my/our investment needs and financial situation.

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 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

.....
Name (Please print)

.....
Donor #2 Signature (if applicable) Date

.....
Name (Please print)

Gift 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, Wilmington Trust Retirement & Institutional Services, is:

The U.S. Charitable Gift Trust c/o Wilmington Trust Retirement & Institutional Services 2710 Centerville Road, Suite 101, Wilmington, DE 19808	Phone: 1-800-664-6901 Fax: 1-302-636-8585 www.uscharitablegifttrust.org
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CONTRIBUTION TYPE	INSTRUCTIONS
CASH	
Check	Please make the check payable to Wilmington Trust Retirement & Institutional Services. Mail check along with the Donor Information Form* to the Trustee.
Wire	Please contact the Trustee at 800-664-6901 for Wire Instructions.
SECURITIES	
Stock Certificate **	Endorse the certificate(s) by writing "Wilmington Trust Retirement & Institutional Services" 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 Authorization 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 Gifting 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.
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 • Privately Held Stock • Restricted Stock • Stock held by Transfer Agent

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

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

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 Trustee, Wilmington Trust Retirement & Institutional Services, at 1-800-664-6901 for assistance to gift.

* 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®. 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 Wilmington Trust Retirement & Institutional Services. As the security(ies) will arrive in a general account for The U.S. Charitable Gift Trust®, providing a copy of the letter alerts Wilmington Trust Retirement & Institutional Services to watch for your gift.
4. Upon receipt of your gift, Wilmington Trust Retirement & Institutional Services 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 Wilmington Trust Retirement & Institutional Services. Please note that you should not send anything directly to the company holding your mutual fund shares.
3. Wilmington Trust Retirement & Institutional Services will work directly with the company holding your mutual fund shares to transfer and redeem the shares.
4. Upon receipt of your gift, Wilmington Trust Retirement & Institutional Services 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 Wilmington Trust Retirement & Institutional Services at 1-800-664-6901.

Letter of Authorization to Transfer Securities



Pooled Income Funds

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 Gifting Securities for detailed instructions to complete the information below. A reminder that gifts of tradable securities, for example stock, should have the original letter sent to the broker/dealer and a copy to the Trustee, Wilmington Trust Retirement & Institutional Services. Gifts of mutual funds should have the original letter sent to Wilmington Trust Retirement & Institutional Services, and the Trustee will work directly with the broker/dealer to transfer the designated mutual fund shares. Gifts of short-term or tax-exempt securities are not eligible.

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:

Wilmington Trust Retirement & Institutional Services, Trustee for The U.S. Charitable Gift Trust
c/o Fifth Third Bank
DTC Number 2116
Account Number 010034177747

For transfers of mutual funds, please refer to the attached letter from Wilmington Trust Retirement & Institutional Services. If you have any questions, please contact Wilmington Trust Retirement & Institutional Services at 1-800-664-6901.

Name of Broker/Dealer Holding Assets Date Daytime Phone Number

Mailing Address

City, State & ZIP

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 (Please Print)

Signature #2 (If Applicable)

Name #2 (Please Print)

**Required
Place Medallion
Guarantee Program
Signature Stamp Here**

Pooled Income Funds

Additional Contribution Form



SECTION 1: ACCOUNT INFORMATION

Donor Name(s) _____ Daytime Phone _____
Account Name _____ Account Number(s) _____

SECTION 2: CONTRIBUTION (\$5,000 MINIMUM ADDITIONAL CONTRIBUTION)

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

Donors may make contributions to their account at any time in amounts of \$5,000 or more. Please refer to the Gifting To The U.S. Charitable Gift Trust® included in the Pooled Income Fund 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 invested in the Pooled Income Funds currently held by the account(s) referenced in Section 1. If you would like to invest in a new Investment Fund, please complete the forms to open a new account with the Pooled Income Fund.

If you provided more than one account number in Section 1, please provide the investment 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 The U.S. Charitable Gift Trust 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 a Pooled Income Fund and is not refundable to me/us.

Donor #1 Signature _____ Date _____

Name (Please print) _____

Donor #2 Signature (if applicable) _____ Date _____

Name (Please print) _____

Pooled Income Funds

Distribution Instructions for Monthly Income



Monthly income distributions for 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 your bank account.

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 Trustee, Wilmington Trust Retirement & Institutional Services, at 1-800-664-6901 if you have any questions on this election.

SECTION 1: YOUR POOLED INCOME FUND INFORMATION

Name of Income Beneficiary _____ Name of Concurrent Income Beneficiary (if applicable) _____

Account #1:
Account #2 (if applicable):
Account #3 (if applicable):

SECTION 2: ELECTRONIC TRANSFER INFORMATION

Name of Financial Institution _____

Routing/ABA# _____

City/State/ZIP _____

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

SECTION 4: SIGNATURE

Signature of Income Beneficiary _____ Date _____

Signature of Concurrent Income Beneficiary (if applicable) _____ Date _____

CONTACT INFORMATION

Trustee

The U.S. Charitable Gift Trust®
c/o Wilmington Trust Retirement
& Institutional Services
2710 Centerville Road, Suite 101
Wilmington, DE 19808
Voice: 1-800-664-6901
Fax: 1-302-636-8585
www.uscharitablegifttrust.org

Administrator and Investment Manager

Eaton Vance Management
Two International Place
Boston, MA 02110
www.eatonvance.com

The **U.S.**
CHARITABLE
GIFT TRUST®

Two International Place, Boston, MA 02110 www.eatonvance.com

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