FORM NHCT-15
CHARITABLE GIFT ANNUITY CERTIFICATION

ENTITY INFORMATION

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>NH Charitable Trusts Unit Registration Number (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>□ check here if this is a new address</td>
</tr>
<tr>
<td>City</td>
<td>State Zip</td>
</tr>
<tr>
<td>Website Address</td>
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</tbody>
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CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>Email Address</td>
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NHCT-15 Certification/Recertification for Charitable Gift Annuities

1. The person signing the NHCT-15 on behalf of this entity certifies that the entity has entered into one or more charitable gift annuity agreements in New Hampshire and that each such agreement is and shall be a qualified charitable gift annuity, as defined in NH RSA 403-E:1, V, in that on the date of the annuity agreement, it (check each of the following to certify):

   □ Has a minimum of $300,000 in unrestricted cash, cash equivalents, or publicly-traded securities, exclusive of the assets funding the annuity agreement;

   □ Has been in continuous operation for at least 3 years or is a successor or affiliate of a charitable organization that has been in continuous operation for at least 3 years;

   □ Issues charitable gift annuities with payout ratios no greater than recommended by American Council on Gift Annuities at the time of issuance;

   □ Retains 100 percent of the contribution made in exchange for each charitable gift annuity, increased by earnings on the contribution and decreased by annuity payments and expenses properly allocated to the annuity, until the annuity is terminated; and

   □ Invests contributions made in exchange for charitable gift annuities solely in conformance with article 9 of RSA 564-B, general standards of prudent investment.

2. Check the applicable box:
   □ Initial notification
   □ Annual recertification
CERTIFICATION

I hereby certify that the information above is true and correct to the best of my knowledge and belief subject to the penalty of making unsworn false statements under RSA 641:3 and RSA 641:8.

____________________________________________   __________________________
Signature of President or Chief Executive Officer (CEO)    Date

____________________________________________   __________________________
Print Name        Title