
Gemini Income Trust Fund I

Application
Booklet

June 1, 2021

Gemini Income Trust Fund I

The Gemini Income Trust I (Trust) is a pooled income fund established in 2021 by Charitable Gift America (Charity), a tax-exempt public charity offering donor-advised funds (DAFs).

As described in the Trusts' current Disclosure Statement (Disclosure Statement), the Trust generally provides persons transferring acceptable property to the Trust (Donors) with the opportunity to:

- Contribute cash and/or acceptable securities to fund unit participation accounts in the Trust (Trust Accounts);
- Avoid recognition of capital gains on contributions of appreciated assets;
- Receive a federal income tax deduction based on the charitable remainder portion of the contributed asset value;
- Provide monthly distributions of tax-advantaged income for life to up to ten individual income beneficiaries designated by the Donor; and
- Following the death of a Trust Account's last-surviving individual income beneficiary, make grants to qualified charitable organizations selected by the Donor or the Donor's designee (Donor Advisor) through the Donor-Advised Fund sub-account of Charitable Gift America into which the Trust Account converts.

Charitable Gift America (CGA) is the sponsor of the Trust and the Donor Advised Fund. Bridgeford Trust Company, a South Dakota Trust Company, is the Trustee of the grantor trust fund in which the Trust invests. Thomas Mitchell Associates (Administrator), a charitable gift services administrator, is the administrator of the Trust and the Donor Advised Fund.

Contributing to the Gemini Income Fund I

Eligible Donors may contribute to the Trust by following the instructions in this Application Booklet. Donors may include individuals and U.S. trusts, estates, corporations and other U.S. legal entities. If accepted by the Trustee, contributions to a single Trust 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 Contribution Form* to Charitable Gift America 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 Trust Account's income beneficiaries to the Administrator at the following address:

Charitable Gift America
822 Highway A1A N., Suite 310
Ponte Vedra Beach, FL 32082

Phone: 1-904-395-3997
info@cgaamerica.org
www.cgaamerica.org

The minimum contribution required to open a Gemini Income Fund I Account is: \$20,000. Each additional contribution to an existing Trust Account must be at least \$5,000.

Contribution Type	Instructions
Cash	(
Check	
Wire	<p>Mail or email the Donor Contribution Form* to Charitable Gift America, noting that the contribution amount will be arriving via wire. Please wire to:</p> <p>Citi Bank NA 399 Park Avenue, New York, NY 10022 Receiving Bank Routing # (ABA) 021000089 FBO: Charles Schwab & Co., Inc. DTC: 0164 Code (Optional): 40 Account Number: 4055-3953 For the account of (Further Credit to): Charitable Gift America Inc Further Credit Account Number: 6614-3853</p>
Securities**	
Stock Certificate	Please contact Charitable Gift America at the number above for assistance with this type of transfer.
Publicly Traded Securities Held in a Brokerage Account	Please follow the Instructions for Contributing Securities on pages 20-21.
Mutual Funds Held in a Brokerage Account or Directly with the Fund	Please follow the Instructions for Contributing Securities on pages 20-21.
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 a Dividend Reinvestment Plan ▪ Privately Held Stock ▪ Restricted Stock ▪ Real Estate

* If this is an additional contribution to an existing Trust Account, please send a completed Additional Contribution Form in lieu of the Donor Contribution Form.

** Contributing federally tax-exempt securities or shares of funds holding federally tax-exempt securities is not permitted. All contributed property must be free and clear of any liens, encumbrances or other adverse claims, and must have been held by the Donor for more than one year at time of contribution. For additional information on acceptable contributions of securities, please see the Disclosure Statement.

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Donor Contribution Form

To help fight the funding of terrorism and money laundering, federal law requires financial institutions to obtain, verify and record information that identifies each person who opens an account with that financial institution. To open a Trust Account, you must provide your name, address, date of birth and other information requested by the Administrator, which may include a copy of your driver's license or other identifying documents.

Section 1: Donor Information

Donor 1 *Please Complete All Fields.*

Mr. Mrs. Ms. Miss Dr.

Donor Name	Date of Birth	Social Security Number
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Residential Street Address (P.O. Boxes are not allowed.)

City	State	Zip Code
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Daytime Phone	Evening Phone (if different)
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Email Address (Unless indicated by checking the box below, all notifications regarding availability of account correspondence will be sent to this email address)

Please check here if Donor 1 would prefer to receive account correspondence by regular mail rather than electronically. If so, please provide a mailing address if different from the street address listed above.

Account Mailing Address (If different from Residential Street Address, P.O. Boxes are allowed.)

City	State	Zip Code
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If Donor 1 is not a U.S. citizen and cannot provide a social security number, please provide another government-issued identification number:

Government-Issued Identification Number	Identification Type (e.g., Passport)
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Section 2: Name of Your Trust Account

Select a name for your Trust Account, which may include your own name or that of your family (for example, "Smith Family Legacy Fund" or "John Q. Smith Income Trust"). If you do not provide a name, the Trust Account name will default to "(Donor Name) Gemini Income Fund" (or similar). Charitable Gift America's Board of Directors (Board of Directors) reserves the right in its sole discretion to not approve or change a proposed Trust Account name.

Proposed name of your TrustAccount: _____

Section 3: Designation of Income Beneficiaries

You may select up to ten individual income beneficiaries to receive your Trust Account's income distributions. You may designate yourself, your spouse, other family members or other natural persons living at the time of your Trust Account's initial funding as individual income beneficiaries. You may also designate the Gift Trust as an income beneficiary. Once established at initial funding, your Trust Account's income beneficiaries cannot be changed, subject to the narrow exception provided for in Section 6 below. *If you have more than five individual income beneficiaries, please list on additional sheets and attach. Please send a fully completed IRS Form W-9 or other applicable U.S. tax form for each of your Trust 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 individual income beneficiary is the same as Donor 1.

Name	Date of Birth	Social Security Number
Mailing Address		
City	State	Zip Code
Daytime Phone		Evening Phone (if different)
Email Address (For notification of account correspondence)		

Second Individual Income Beneficiary Please check if second individual income beneficiary is the same as Donor 2.

Name	Date of Birth	Social Security Number
Mailing Address		
City	State	Zip Code
Daytime Phone		Evening Phone (if different)
Email Address (For notification of account correspondence)		

Third Individual Income Beneficiary

Name	Date of Birth	Social Security Number
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Mailing Address

City	State	Zip Code
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Daytime Phone	Evening Phone (if different)
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Email Address (For notification of account correspondence)

Fourth Individual Income Beneficiary

Name	Date of Birth	Social Security Number
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Mailing Address

City	State	Zip Code
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Daytime Phone	Evening Phone (if different)
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Email Address (For notification of account correspondence)

Fifth Individual Income Beneficiary

Name	Date of Birth	Social Security Number
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Mailing Address

City	State	Zip Code
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Daytime Phone	Evening Phone (if different)
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Email Address (For notification of account correspondence)

Designation of Donor Advised Fund as Income Beneficiary

Do you wish to designate the DAF as an income beneficiary of your Trust Account?

Yes No

Once established, the income interest of the Gift Trust is irrevocable. You will not be allowed an additional federal income tax deduction for the value of the income interest you allocate to the DAF, either upon your contribution or upon payment to the DAF over the term of the Trust Account.

If yes, what percentage of your Trust Account’s income distributions would you like to allocate to the DAF?

_____ *Indicate percentage.*

The Donor Advised Fund’s income interest will remain constant for the term of your Trust Account.

If you designate the DAF as an income beneficiary, you may direct the disposition of the attributable DAF assets by following the instructions below under “Section 8: Donor Advised Fund Income Designation.”

Section 4: Allocation of Distributions among Individual Income Beneficiaries

Skip this section if you have designated only one individual income beneficiary.

If your Trust Account has more than one individual income beneficiary, select and complete one of the options below to indicate how the Trust Account’s distributions to individuals are to be allocated among current and future individual income beneficiaries. If you designate the DAF as an income beneficiary, the DAF’s percentage participation in the income distributions of your Trust Account will remain the same throughout the term of the Trust Account. Among individual income beneficiaries, income distributions may be allocated concurrently (two or more income beneficiaries share in distributions at the same time), consecutively (upon the death of one income beneficiary, a new income beneficiary takes his or her place), or a combination (income is first allocated concurrently, then reallocated after the death of one or more initial income beneficiaries to include one or more new income beneficiaries). Once established at initial funding, the allocation of your Trust Account’s distributions cannot be changed except for the narrow exception provided for in Section 6 below.

Option A: Concurrent Individual Income Beneficiaries

In this option, each of your individual income beneficiaries will participate initially in the Trust Account’s income distributions to individuals, based on the percentages you designate below. Upon the death of one of the income beneficiaries, that individual’s share of Trust Account distributions will be reallocated among the surviving individual income beneficiaries in proportion to each of their percentages indicated below. Upon the death of the last-surviving individual income beneficiary, the Trust Account will convert into a DAF making grants to qualified charitable organizations selected by the Donor or successor Donor Advisor. *You may select up to ten concurrent individual income beneficiaries. Percentages do not have to be equal, but must total 100% (whether or not you designate the Gift Trust as an income beneficiary).*

- (1) Name: _____ Percentage of individual income distributions: _____ %
- (2) Name: _____ Percentage of individual income distributions: _____ %
- (3) Name: _____ Percentage of individual income distributions: _____ %
- (4) Name: _____ Percentage of individual income distributions: _____ %
- (5) Name: _____ Percentage of individual income distributions: _____ %
- (6) Name: _____ Percentage of individual income distributions: _____ %
- (7) Name: _____ Percentage of individual income distributions: _____ %

- (8) Name: _____ Percentage of individual income distributions: _____ %
- (9) Name: _____ Percentage of individual income distributions: _____ %
- (10) Name: _____ Percentage of individual income distributions: _____ %

Option B: Consecutive Individual Income Beneficiaries – Standard Sequence

In this option, you designate individual income beneficiaries or groups of individual income beneficiaries to receive your Trust Account’s income distributions to individuals in succession. The income beneficiaries in a group will each receive the designated percentages of income distributions to individuals during their joint lifetimes. Upon the death of an income beneficiary in a group, that individual’s share of Trust Account distributions will be reallocated among the surviving income beneficiaries of that group in proportion to each of their percentages of group distributions indicated below. After the death of every individual income beneficiary in a group, the individual income beneficiaries of the next group, if any, will succeed to the income interests of the prior group and begin receiving distributions.

Note: The total number of individual income beneficiaries listed below among all groups cannot exceed ten. For example, if you have nine income beneficiaries listed in Group 1, you can have only one income beneficiary in Group 2; if you have three income beneficiaries listed in Group 1, you can have up to seven income beneficiaries listed in the remaining groups, combined.

Group 1: You may name up to nine individual income beneficiaries in Group 1. The income beneficiaries listed below will share initially in the Trust Account’s distributions to individuals based on the indicated percentages. Percentages do not have to be equal but must total 100% (whether or not you designate DAF as an income beneficiary).

- (1) Name: _____ Percentage of individual income distributions: _____ %
- (2) Name: _____ Percentage of individual income distributions: _____ %
- (3) Name: _____ Percentage of individual income distributions: _____ %
- (4) Name: _____ Percentage of individual income distributions: _____ %
- (5) Name: _____ Percentage of individual income distributions: _____ %
- (6) Name: _____ Percentage of individual income distributions: _____ %
- (7) Name: _____ Percentage of individual income distributions: _____ %
- (8) Name: _____ Percentage of individual income distributions: _____ %
- (9) Name: _____ Percentage of individual income distributions: _____ %

Group 2: You may name up to nine individual income beneficiaries in Group 2. The income beneficiaries listed below will begin receiving distributions after the death of the last-surviving Group 1 income beneficiary. Percentages do not have to be equal but must total 100% (whether or not you designate the DAF as an income beneficiary).

- (1) Name: _____ Percentage of individual income distributions: _____ %
- (2) Name: _____ Percentage of individual income distributions: _____ %
- (3) Name: _____ Percentage of individual income distributions: _____ %
- (4) Name: _____ Percentage of individual income distributions: _____ %

- (5) Name: _____ Percentage of individual income distributions: _____ %
- (6) Name: _____ Percentage of individual income distributions: _____ %
- (7) Name: _____ Percentage of individual income distributions: _____ %
- (8) Name: _____ Percentage of individual income distributions: _____ %
- (9) Name: _____ Percentage of individual income distributions: _____ %

Group 3: You may name up to eight individual income beneficiaries in Group 3. The income beneficiaries listed below will begin receiving distributions after the death of the last-surviving Group 1 and Group 2 income beneficiaries. Percentages do not have to be equal but must total 100% (whether or not you designate the DAF as an income beneficiary).

- (1) Name: _____ Percentage of individual income distributions: _____ %
- (2) Name: _____ Percentage of individual income distributions: _____ %
- (3) Name: _____ Percentage of individual income distributions: _____ %
- (4) Name: _____ Percentage of individual income distributions: _____ %
- (5) Name: _____ Percentage of individual income distributions: _____ %
- (6) Name: _____ Percentage of individual income distributions: _____ %
- (7) Name: _____ Percentage of individual income distributions: _____ %
- (8) Name: _____ Percentage of individual income distributions: _____ %

If you select Option B and would like to designate more than three Groups, please list your additional Groups with individual income beneficiary names and percentages of individual income distributions for each income beneficiary on an additional sheet and attach. Within each Group, percentages do not have to be equal, but must total 100% (whether or not you designate the DAF as an income beneficiary).

Option C: Consecutive Individual Income Beneficiaries – Custom Sequence

In this option, you designate individual income beneficiaries or groups of individual income beneficiaries to receive your Trust Account's income distributions to individuals in succession. This option allows you to specify orders of succession among individual income beneficiaries different from Option B. For example, using this option you may designate yourself and your spouse as initial income beneficiaries and provide for your children (rather than your spouse) to succeed to your income interest if you die with your spouse surviving you.

Please provide a detailed explanation of your specified order of income beneficiary succession on one or more additional sheets and attach. The total number of individual income beneficiaries cannot exceed ten, and specified income allocation percentages must always total 100% (whether or not you designate the DAF as an income beneficiary). Contact the Administrator with any questions you have regarding this option.

Section 5: Election to Retain Power to Revoke Future Individual Income Interests

Skip this section unless you have designated one or more future individual income beneficiaries to begin receiving income interests at or after your death.

Once established at initial funding, the designation of your Trust Account’s income beneficiaries and the allocation of distributions cannot be changed by you or anyone else, subject to the following exception. In this section, you can elect to retain the power, exercisable solely by will, to revoke the income interests of one or more future individual income beneficiaries whose income interests would otherwise become effective at or after your death. Reserving the right to revoke the future income interests of such persons may affect the gift, estate and generation-skipping transfer tax implications to you of designating future income beneficiaries. See “Tax Considerations – Gift, Estate and Generation-Skipping Transfer Taxes” in the Disclosure Statement.

Indicate below whether you elect to retain the power, exercisable solely by will, to revoke one or more of your Trust Account’s individual income beneficiaries’ future income interests upon your death. Once established, the income interest of the DAF is irrevocable.

I/We hereby elect to retain the power, exercisable solely by will, to revoke the future income interests of the below-listed of my/our designated income beneficiaries whose income interests would otherwise become effective at or after my/our death.

Name of income beneficiary/beneficiaries (attach additional sheet if necessary) _____

I/We hereby elect not to retain the power, exercisable solely by will, to revoke the future income interests of any of my/our designated income beneficiaries whose income interests would otherwise become effective at or after my/our death.

Donor 1 Signature _____

Donor 2 Signature (if applicable) _____

Section 6: Contribution Information

Please ensure that your initial contribution amount meets the minimum requirement set forth in Section 2 above for the Trust you have designated.

Approximate Value: \$ _____

Form of Contribution: Check Wire Securities

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)

If you are contributing shares of more than three different securities, attach a separate sheet listing the additional securities.

Note: Contributing federally tax-exempt securities or shares of funds holding federally tax-exempt securities is not permitted. All contributed property must be free and clear of any liens, encumbrances or other adverse claims, and must have been held by the Donor for more than one year at time of contribution. For additional information on acceptable contributions of securities, please see the Disclosure Statement.

Are you currently an officer, director, 10% shareholder or Affiliate (as defined in Rule 144 under the Securities Act of 1933, as amended (Securities Act)) of any issuer of securities that you are contributing, or were you an Affiliate of any issuer of contributed securities within the past 90 days?

No Yes

If yes, please indicate your relationship to the issuer: (attach a separate sheet if necessary)

If yes, please state the date on which you acquired the securities

Is the transfer of any of the securities you are contributing subject to contractual restrictions (e.g., a lock-up agreement or right of first refusal) or restrictions under the Securities Act, or are any of the securities represented by a certificate bearing a legend restricting transferability?

No Yes

If yes, please describe the nature of the restriction: (attach a separate sheet if necessary)

Please refer to pages 20-21 of this Forms Booklet for additional forms and instructions on how to make contributions of securities.

Section 7: Charitable Account Designations

Upon the death of the last-surviving of the individual income beneficiaries listed in Section 4 above, your Trust Account will convert into a Donor Advised Fund of one of Charitable Gift America'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.

Option A _____ % Immediate Distribution of Donor Advised Fund Assets

I/We direct the immediate distribution of all of my/our DAF assets to the qualified charitable organizations listed below in the percentages specified. I/We understand that all grant distributions are subject to Charitable Gift America'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
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Mailing Address

City	State	Zip Code
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Percentage (%) of Available Charitable Account Balance	Special Allocation or Purpose (if applicable)
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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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Percentage (%) of Available Charitable Account Balance	Special Allocation or Purpose (if applicable)
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Option B _____% Establishing a Charitable Endowment

I/We direct the establishment of an endowment to provide annual grants from my/our DAF to the qualified charitable organizations listed below in the percentages specified. I/We understand that all grant distributions are subject to the Board of Directors of Charitable Gift America 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 DAF, 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 Board of Directors of Charitable Gift America 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 DAF 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 DAF assets to the general fund maintained by Charitable Gift America 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: DAF Income Designation

Skip this section unless you have designated the Donor Advised Fund as an income beneficiary of your Trust Account.

If you have designated the DAF as an income beneficiary of your Trust Account, you may direct the distribution of the attributable Gift Trust assets to one or more qualified charitable organizations. All distributions are subject to the Board of Directors of Charitable Gift America determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. The designation of the qualified charitable organizations 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 by the Donor or successor Donor Advisor at any time prior to disbursement).

I/We direct the immediate distribution of the assets of Charitable Gift America attributable to income distributions from my/our D A F to the qualified charitable organizations listed below in the percentages specified. I/We understand that all distributions are subject to the Board of Directors of Charitable Gift America determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. *(Donors may attach additional sheets and list up to a total of ten charitable organizations.)*

Please check this box if you choose to make 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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Percentage (%) of Available DAF Assets	Special Allocation or Purpose (if applicable)
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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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Percentage (%) of Available DAF Assets	Special Allocation or Purpose (if applicable)
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Section 9: Donor Signature(s)

I/We hereby irrevocably transfer to the Trustee of the Trust that I/we have designated in Section 2 the contributed property described in Section 7. The assets of the Trust attributable to my/our property are to be held, managed and distributed according to the terms of the Trust's Declaration of Trust (Declaration of Trust), the Disclosure Statement and this Donor Contribution Form.

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

1. It is my/our intention that this contribution qualify as a gift to the designated Trust, which is a pooled income fund as defined in Section 642(c)(5) of the U.S. Internal Revenue Code of 1986, as amended, and this Donor Contribution Form shall be interpreted accordingly.
2. I/We declare that the contribution described in this Donor Contribution Form is irrevocable and is not subject to amendment or modification other than as set forth in Sections 6, 9 and 10. I/We also acknowledge that I/we cannot sell units in the Trust, borrow against them or assign them to anyone other than the DAF.
3. I/We represent that the information provided in this Donor Contribution Form is complete and accurate as of the date hereof and will remain so at the time of any additional contributions that I/we may make to the Trust unless I/we notify the Administrator otherwise in writing.
4. If any gift, estate, generation-skipping transfer, inheritance or other tax is assessed on my/our contributions to the Trust or any income interest related to my/our contributions to the Trust, I/we agree on behalf of myself/ourselves and my/our heirs, legal representatives, successors, and assigns to arrange for payment of such tax out of a source other than the Trust and to indemnify the Trust and its Trustees from any and all liability for such tax.
5. I/We understand that, upon termination of the interests of the individual income beneficiaries named in Section 4, the value of the Trust income participation units representing such interests will be separated from the Trust and transferred to a DAF at Charitable Gift America in accordance with the Declaration of Trust, and the units of the Trust will be canceled.
6. I/We represent and warrant that the information provided by me/us on this Donor Contribution Form is true and correct and I/we will indemnify the Trust, Charitable Gift America and the Trustees 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 Disclosure Statement and agree to its terms and conditions.
8. I/We acknowledge that before making this transfer, I/we have reviewed the Donor identification requirements set forth on page 3 of this Donor Contribution Form and agree to the terms and conditions of such requirements.
9. If I am/we are contributing securities to the Trust, I/we represent and warrant that I/we have held such securities for more than one year and such securities meet all acceptance criteria set forth in the Disclosure Statement.
10. If I am/we are contributing securities to the Trust, I/we represent and warrant that the securities are not restricted for public sale by the Trust and not otherwise subject to restrictions pursuant to Rule 144 under the Securities Act of 1933, as amended, or, if they are restricted or are potentially restricted for public sale, Section 7 of this Donor Contribution Form includes a written description of my/our relationship to the issuer of the securities and the nature of the restriction or potential restriction.
11. I/We hereby certify that, to the best of my/our knowledge, all information presented on and with this Donor Contribution Form is accurate. I/We understand the nature of the Trust's investment objective and investment program and believe that the Trust is suitable for me/us and the income beneficiaries I/we designate, 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 Donor Contribution Form 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)

Instructions for Contributing Securities

For contributions of publicly traded securities or mutual fund shares held in a brokerage account or directly with the fund, please complete the Letter of Authorization to Transfer Securities. Please contact Charitable Gift America at 904-395-3997 if you need assistance.

Address of Charitable Gift America: 822 Highway A1A N. Suite 310; Ponte Vedra Beach, FL 32082. Phone number: 904-395-3997. Email: info@cgaamerica.org.

Contributing federally tax-exempt securities or shares of funds holding federally tax-exempt securities is not permitted. All contributed property must be free and clear of any liens, encumbrances or other adverse claims, and must have been held by the Donor for more than one year at time of contribution. For additional information on acceptable contributions of securities, please see the Disclosure Statement.

Contributions of Tradable Securities (e.g., publicly traded stocks, ETF shares, closed-end fund shares)
 “Tradable securities” refers to the characteristic that the security may be transferred electronically to a Trust. Mutual fund shares are not considered tradable securities.

Steps to Contribute:

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 email a copy of the Letter of Authorization Charitable Gift America as provided above. Because the securities will arrive in the general account of Charitable Gift America, providing a copy of the letter alerts the Administrator to watch for your contribution.
4. Upon your contribution’s acceptance, the Administrator will provide you with a written acknowledgement of the contribution, 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.

Contributions 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 Trust.

Steps to Contribute:

1. Complete the Letter of Authorization to Transfer Securities. Please confirm with the firm holding the mutual fund shares if a Medallion Signature Guarantee is needed.
2. Send the original Letter of Authorization to the firm holding your mutual fund shares.
3. Mail or email a copy of the Letter of Authorization to Charitable Gift America to the address provided above. Because the securities will arrive in a general account of Charitable Gift America, providing a copy of the letter alerts the Administrator to watch for your contribution.
4. Upon your contribution’s acceptance, the Administrator will provide you with a written acknowledgement of the contribution, 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 contributing both types of securities, please complete one form for each type of contribution.
- Please confirm with the firm holding your tradable securities or mutual fund shares if a Medallion Signature Guarantee is needed for the transfer.
- If you have any questions, please contact Charitable Gift America, at 904-395-3997.

Letter of Authorization to Transfer Securities

Donor Instructions: Please complete the information below to contribute publicly traded securities or mutual fund shares to a Trust. You may refer to the Instructions for Contributing Securities for detailed instructions to complete the information below. The original completed Letter of Authorization to Transfer Securities should be sent to the broker-dealer (or other custodian) that holds the securities; please also email a copy of the letter to Charitable Gift America, at 1-904-395-3997.

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

Charitable Gift America

See instructions on page 1.

If you have any questions, contact Charitable Gift America, at 1-904-395-3997.

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

Mailing Address

City State Zip Code

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 designated 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)

If you are contributing shares of more than three different securities, attach a separate sheet listing the additional securities.

Note: Contributing federally tax-exempt securities or shares of funds holding federally tax-exempt securities is not permitted. All contributed property must be free and clear of any liens, encumbrances or other adverse claims, and must have been held by the Donor for more than one year at time of contribution. For additional information on acceptable contributions of securities, please see the Disclosure Statement.

I/we represent and warrant that the securities are not restricted for public sale by the Trust and are not otherwise subject to restrictions pursuant to Rule 144 under the Securities Act of 1933, as amended, or, if they are restricted or are potentially restricted for public sale, I/we have provided information regarding such restrictions or potential restrictions in my/our completed Donor Contribution Form or Additional Contribution Form (as applicable) submitted to the Administrator.

Sincerely,

Donor 1 Signature

Donor 1 Name (Please Print)

Donor 2 Signature (If Applicable)

Donor 2 Name (Please Print)

Gemini Income Trust I Account Number (If Known)

If the securities being transferred 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 Charitable Gift America

Email: info@cgaamerica.org, or Mail to 822 Highway A1A, Suite 310, Ponte Vedra Beach, FL 32082. If you are contributing securities, also send a completed Letter of Authorization to Transfer Securities.

Section 1: Trust Account Information

Donor Name(s)

Daytime Phone

Account Name

Account Number(s)

Section 2: Additional Contribution Information

Please ensure that your additional contribution amount meets the \$5,000 minimum.

Approximate Value: \$ _____

Form of Contribution: Check Wire Security

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)

If you are contributing shares of more than three different securities, attach a separate sheet listing the additional securities.

Note: Contributing federally tax-exempt securities or shares of funds holding federally tax-exempt securities is not permitted. All contributed property must be free and clear of any liens, encumbrances or other adverse claims, and must have been held by the Donor for more than one year at time of contribution. For additional information on acceptable contributions of securities, please see the Information Statement.

Unless indicated below, I/we represent and warrant that the securities are not restricted for public sale by the Trust and are not otherwise subject to restrictions pursuant to Rule 144 under the Securities Act of 1933, as amended (Securities Act), or, if they are restricted or are potentially restricted for public sale, the following information is complete and accurate:

Are you currently an officer, director, 10% shareholder or Affiliate (as defined in Rule 144 under the Securities Act) of any issuer of securities that you are contributing, or were you an Affiliate of any issuer of contributed securities within the past 90 days?

No Yes

If yes, please indicate your relationship to the issuer: (attach a separate sheet if necessary)

If yes, please state the date on which you acquired the securities

Is the transfer of any of the securities you are contributing subject to contractual restrictions (e.g., a lock-up agreement or right of first refusal) or restrictions under the Securities Act, or are any of the securities represented by a certificate bearing a legend restricting transferability?

No Yes

If yes, please describe the nature of the restriction: (attach a separate sheet if necessary)

Please refer to pages 19-24 of this Forms Booklet for additional forms and instructions on how to make contributions of securities.

Section 3: Signature(s)

I/We acknowledge that I/we have read the current Information Statement of the Gemini Income Trust I and agree to the terms and conditions described therein. I/we certify that all information provided by me/us in my/our original Donor Contribution Form is still complete and accurate. I/we understand that any contribution, once accepted, represents an irrevocable contribution to the designated Trust and is not refundable.

Donor 1 Signature

Date

Donor 1 Name (Please print)

Donor 2 Signature (if applicable)

Date

Donor 2 Name (Please print)

Instructions for Distributions

Each individual income beneficiary may direct Charitable Gift America to deposit distributions directly into his or her bank or brokerage account. In the absence of wire instructions for an income beneficiary's bank or brokerage account, the Administrator will, unless otherwise instructed, provide distributions to an income beneficiary in the form of a check delivered via the U.S. Postal Service to the income beneficiary's mailing address.

Please complete the information below if one or more of your individual income beneficiaries would like the Trust distributions to be deposited directly into his or her bank or brokerage account. Please complete a separate copy of this form for each income beneficiary who wishes to deposit his or her Trust distributions directly into his or her bank or brokerage account. If two income beneficiaries have a joint account, one form can be submitted with both income beneficiaries listed.

Note: The account provided in Section 2 below 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 at 1-904-395-3997 if you have any questions on this election.

Section 1: Gemini Income Trust Information

Name of Income Beneficiary	Email Address
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Name of Second Income Beneficiary if Joint Holders of Account listed in Section 2	Email Address
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Gemini Income Trust I Account Number (If Known)

Section 2: Electronic Transfer Information

Name of Financial Institution

Routing/ABA#

City

State

Zip Code

Account Number

Name(s) Registered on the Account

Please indicate the type of account: Bank Checking Account Bank Savings Account Brokerage Account

Instructions for the routing and account number from an actual check

The diagram shows a check with the following fields and labels:

- Your name** (top left)
- Your address** (top left)
- 98765** (top right)
- Pay to the Order of** (middle left)
- \$** (middle right)
- Dollars** (middle right)
- Your bank** (bottom left)
- Memo** (bottom left)
- 123456789** (bottom left)
- 12345678987654321** (bottom middle)
- 98765** (bottom right)

Labels below the check:

- 9 Digit Routing Number** (under 123456789)
- Your Account Number** (under 12345678987654321)
- Check Number** (under 98765)

Section 3: Signature

Signature of Income Beneficiary

Date

Signature of Joint Account Holder (if applicable)

Date

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Contact Information

Administrator

Thomas Mitchell Associates
822 Highway A1A, Suite 310
Ponte Vedra Beach, FL 32082
Tel: 1-904-395-3997
tdieters@thomasmitchellasso
ciates.com

Sponsor

Charitable Gift America
822 Highway A1A
Suite 310
Ponte Vedra Beach, FL
32082
Tel: 1-904-395-3997
www.cgaamerica.org
info@cgaamerica.org