



# Matching Gift Program

## Contribution Registration and Verification Form

### Employee Information

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Location: \_\_\_\_\_  
 \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

### Contribution Information

#### Recipient Charitable Organization

Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 \_\_\_\_\_ Title (must be officer): \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Date of IRS letter: \_\_\_\_\_  
 Donation Date: \_\_\_\_\_ Donation Amount: \_\_\_\_\_  
 Payment:  Cash  Check  Credit Card  Marketable Securities (Provide details below)

#### Marketable Securities:

Name: \_\_\_\_\_ Type:  Stock  Bonds  Other: \_\_\_\_\_  
 Value per Interest: \_\_\_\_\_ Number of Interests: \_\_\_\_\_ Date of Valuation: \_\_\_\_\_  
 Quotation System:  NYSE  NASDAQ  Other: \_\_\_\_\_  
 Method of Valuation:  High  Low  Closing  Average  Other: \_\_\_\_\_

### Employee Certification

I hereby certify that to the best of my knowledge the above charitable organization is a qualified public charity under Section 501(c)(3) of the Internal Revenue Code and has been approved by the Internal Revenue Service and is not ineligible to receive a matching gift under the terms and conditions of the Transatlantic Holding, Inc. Matching Gift Program by reason of such recipient charitable organization engaging in religious, athletic, sporting, political or fraternal activities or by reason of such organization being a private foundation, family trust, student fund, Donor-advised Fund, charitable remainder trust or by reasons of such organization violating the non-discrimination policy of Transatlantic Holding, Inc. and its related companies, or the USA Patriot Act. I further certify to the best of my knowledge that I or my family members will not benefit directly from such contribution and that such contribution was not made in connection with a pledge campaign or drive.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Recipient Organization Certification

I hereby certify that the above recipient charitable organization is a qualified public charity under Section 501(c)(3) of the Internal Revenue Code and has been approved by the Internal Revenue Service, that such recipient charitable organization is not engaged in religious, athletic, sporting, political or fraternal activities, that such organization is not a private foundation, family trust, student fund, Donor-Advised Fund, charitable remainder trust, and that such organization does not violate the non0discrimination policy of Transatlantic Holding, Inc. and its related companies based on my review of the policy summary provided to the recipient charitable organization received from the donor listed above will directly or indirectly benefit the donor or his or her family members and that such contribution was not made in connection with a pledge campaign or drive.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Company Use

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Delivery Mode:  US Mail  In Person  Email  Intercompany Mail  Other: \_\_\_\_\_



# Matching Gift Program

## INSTRUCTIONS FOR REGISTERING AND VERIFYING CONTRIBUTIONS

### **To Employee/Donor:**

Provide a copy of this Contribution Verification Form ("Form") (including these instructions) to the charitable organization ("Charity") to which you wish TransRe to make a matching gift contribution under the terms and conditions of this Program, in order for the Charity to properly complete the Form. Failure to do so may prevent the Charity from receiving a matching gift.

### **To Charitable Organization:**

An officer of the Charity must review the terms and conditions of the TransRe Matching Gift Program and the Non-Discrimination policy below. Based on this review, the officer must determine whether the Charity meets the criteria for receiving a matching gift under the terms of this Program. If the officer determines that the Charity is a proper recipient of a matching gift, that officer must complete the attached Contribution Verification Form, sign and date the Certification and submit the completed form to TransRe within the time frame and in the manner set forth in the program summary.

### **Non-Discrimination Policy**

Transatlantic Holdings, Inc. and its related companies prohibit discrimination on the basis of race, color, sex, religion, national origin, age, disability, genetic information, sexual orientation, gender identity or expression, marital status (including domestic partnerships and civil unions), pregnancy, veteran's status, citizenship status, or any other basis prohibited by law.

### **Return Address for Completed Forms:**

Transatlantic Holdings, Inc.  
Attention: Human Resources/TransRe Matching Gift Program  
80 Pine Street,  
New York, New York 10005

You may deliver the completed form as an email attachment to: [myHR@transre.com](mailto:myHR@transre.com).