



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: _____



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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 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.