

■ NON-RENAISSANCE DRAFTED TRUST

Before Renaissance can administer the trust, the information requested in this application must be completed and returned to the address below. Incomplete information could delay completion of tax returns.

Return completed forms to:

Renaissance

8910 Purdue Rd, Suite 500
Indianapolis, IN 46268

Phone: 800-843-0050

Fax: 877-222-1829

Email: info@reninc.com

■ NECESSARY ITEMS SUBMITTED WITH APPLICATION

- \$500 fee made payable to Renaissance Administration LLC.
- Copy of signed trust document including signed copies of amendments, changes to charities, and change of trustees.
- Copies of the most recent tax returns (Form 5227 and/or Form 1041).
- Cost Basis and Purchase date information for each asset held by the trust as of the end of the last year when tax returns were filed for the trust.
- Statements since the last tax return, including year end statements for last year returns were filed.

NOTE: If prior years' tax returns need to be prepared or amended, Renaissance Administration LLC charges \$125 per hour for such review work.

■ TRUST INFORMATION

| | | | |
|---------------------------------------|----|-------------------|--|
| Trust name | | | |
| Trust Execution Date | | Date Trust Funded | |
| Approximate Trust Value | \$ | | |
| Trust Tax Identification Number (TIN) | | | |

If the TIN has not been obtained for this trust, would you prefer Renaissance Administration LLC obtain the TIN?

- Yes — If “yes” Renaissance Administration LLC will need to provide you with a SS-4 to be completed and signed by the Trustee(s). No

■ APPLICATION SUBMITTED BY:

- Mr. Mrs. Ms.

| | |
|----------------|----------------|
| Full name | email |
| Street address | City/State/Zip |
| Phone number | Fax |

Type of Advisor: Financial Planner/Advisor Money Manager Attorney Broker Other:

■ ADDRESS OF RECORD

In order for all statement and tax information to be received for proper accounting, make Renaissance Administration LLC the address of record.

The account name should read as follows:

John Doe, Trustee
John and Mary Doe Charitable Remainder Trust
c/o Renaissance Administration LLC
8910 Purdue Rd, Suite 500
Indianapolis, IN 46268

■ INCOME BENEFICIARY "1"

Mr. Mrs. Ms.

| | | | |
|------------------------|--|----------------|--|
| Full name | | Email address | |
| Social Security number | | Date of birth | |
| Street address | | City/State/Zip | |
| Home phone | | Business phone | |

Is this Income Beneficiary also the Donor and Trustee? Yes No (see section below)

■ INCOME BENEFICIARY "2"

Mr. Mrs. Ms.

| | | | |
|------------------------|--|----------------|--|
| Full name | | Email address | |
| Social Security number | | Date of birth | |
| Street address | | City/State/Zip | |
| Home phone | | Business phone | |

Is this Income Beneficiary also the Donor and Trustee? Yes No (see section below)

If "No" Complete this Section

■ SUCCESSOR INCOME BENEFICIARY "1"

Mr. Mrs. Ms.

| | | | |
|------------------------|--|----------------|--|
| Full name | | Email address | |
| Social Security number | | Date of birth | |
| Street address | | City/State/Zip | |
| Home phone | | Business phone | |

■ SUCCESSOR INCOME BENEFICIARY "2"

Mr. Mrs. Ms.

| | | | |
|------------------------|--|----------------|--|
| Full name | | Email address | |
| Social Security number | | Date of birth | |
| Street address | | City/State/Zip | |
| Home phone | | Business phone | |

■ DONOR "1"

Mr. Mrs. Ms.

| | | | |
|------------------------|--|----------------|--|
| Full name | | Email address | |
| Social Security number | | Date of birth | |
| Street address | | City/State/Zip | |
| Home phone | | Business phone | |

■ DONOR "2"

Mr. Mrs. Ms.

| | | | |
|------------------------|--|----------------|--|
| Full name | | Email address | |
| Social Security number | | Date of birth | |
| Street address | | City/State/Zip | |
| Home phone | | Business phone | |

■ CURRENT PRIMARY TRUSTEE "1"

Mr. Mrs. Ms.

| | | | |
|------------------------|--|----------------|--|
| Full name | | Email address | |
| Social Security number | | Date of birth | |
| Street address | | City/State/Zip | |
| Home phone | | Business phone | |

■ CURRENT PRIMARY TRUSTEE "2"

Mr. Mrs. Ms.

| | | | |
|------------------------|--|----------------|--|
| Full name | | Email address | |
| Social Security number | | Date of birth | |
| Street address | | City/State/Zip | |
| Home phone | | Business phone | |

■ INDEPENDENT SPECIAL TRUSTEE (IST)

| | | | |
|----------------|--|----------------|--|
| Full name | | Email address | |
| Street address | | City/State/Zip | |
| Phone | | Fax | |

■ TRUST ATTORNEY OF RECORD

| | | | |
|----------------|--|----------------|--|
| Full name | | | |
| Street address | | City/State/Zip | |
| Phone | | Fax | |

■ DRAFTING ATTORNEY *(if different)*

| | | | |
|----------------|--|----------------|--|
| Full name | | | |
| Street address | | City/State/Zip | |
| Phone | | Fax | |

■ CURRENT INVESTMENT ACCOUNT INFORMATION

| | | | |
|-------------------------|--|----------------|--|
| Investment Company Name | | Account # | |
| Street address | | City/State/Zip | |
| Phone | | Fax | |

■ SPECIFIC TRUST INFORMATION

What type of assets are currently held by the trust? _____

Where are the assets currently held? (Please provide a separate sheet listing account number(s) as well as the address of the institution holding the trust account.) _____

Will the assets transfer from the current account to a newly established investment/brokerage account? Yes No
If yes, approximate date of transfer and to what investment company/brokerage firm?

■ SPECIAL INSTRUCTIONS *(use back of form if necessary)*
