

# Trust Administration Application

## Non-Renaissance Drafted Trust

Before Renaissance can start administering the trust, the information requested in this application must be completed and returned to **Renaissance Administration LLC, 6100 W. 96th St., Suite 120, Indianapolis, IN 46278**. (Phone: 1.800.843.0050 and Fax: 317.843.5417) Incomplete information could delay completion of tax returns.

### 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 1041-A** and **Form 5227**).
- 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.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: (optional) \_\_\_\_\_

Phone: (     )     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  
 6100 W. 96th St., Suite 120  
 Indianapolis, IN 46278

**Income Beneficiary "1"**

Mr./Mrs./Ms./Dr. \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Email (Optional): \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_  
 Fax: ( ) \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 SSN: \_\_\_\_\_

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

**Successor Income Beneficiary "1"**

Mr./Mrs./Ms./Dr. \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Email (Optional): \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_  
 Fax: ( ) \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 SSN: \_\_\_\_\_

If "No" Complete this Section

**Donor "1"**

Mr./Mrs./Ms./Dr. \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Email (Optional): \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_  
 Fax: ( ) \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 SSN: \_\_\_\_\_

**Current Primary Trustee "1"**

Mr./Mrs./Ms./Dr. \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Email (Optional): \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_  
 Fax: ( ) \_\_\_\_\_

**Income Beneficiary "2"**

Mr./Mrs./Ms./Dr. \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Email (Optional): \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_  
 Fax: ( ) \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 SSN: \_\_\_\_\_

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

**Successor Income Beneficiary "2"**

Mr./Mrs./Ms./Dr. \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Email (Optional): \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_  
 Fax: ( ) \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 SSN: \_\_\_\_\_

If "No" Complete this Section

**Donor "2"**

Mr./Mrs./Ms./Dr. \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Email (Optional): \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_  
 Fax: ( ) \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 SSN: \_\_\_\_\_

**Current Primary Trustee "2"**

Mr./Mrs./Ms./Dr. \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Email (Optional): \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_  
 Fax: ( ) \_\_\_\_\_

**Independent Special Trustee (IST)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Trust Attorney of Record**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Drafting Attorney (if different)**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Current Investment Account Information**

Investment Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Investment Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account #: \_\_\_\_\_  
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)**

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