Account Application
Non-Retirement

A1

Account Number | | | | | | | | |

Rep ID | | | | |

Financial professional instructions: To be used for all brokerage, direct brokerage business, third party asset management program (TAMP), and 529 direct advisory non-retirement accounts. For more detailed information on the appropriate paperwork requirements for all registration types, please consult the appropriate account opening checklist located in the resource center. For existing accounts, this form should only be used for adding or removing account holders or to change the registration.

Please email the completed form imaging.email@lpl.com or fax to (858) 202-8325.

Attention: Any alterations must be initialed by all account holders.

Section I: Account Information

1. Account Type (choose only one)

Account updates required by LPL Operations ☐

Each account holder must receive, read and understand the contents of the applicable Account Packet referenced below. This separate packet contains the Account Agreement that details the relationship between you, your financial professional, LPL Financial ("LPL") and other related parties, as applicable, to your account.

- ◯ Brokerage (LPL Master - Account Agreement)
- ◯ Direct Brokerage Business (LPL Master - Account Agreement)
- ◯ Direct Advisory 529 (529 Advisory Agreement)***
- ◯ OMP Brokerage* (LPL Master - Account Agreement) (for updates to existing accounts only)
- ◯ TAMP* (TAMP Agreement)

Print Name of TAMP Platform or Program**

TAMP Account Number

*Additional documentation required. Financial professional should refer to the detailed procedures for the account type on the Resource Center.
**For TAMP accounts, LPL is not acting as the broker/dealer and your account will be maintained at a third party custodian. Please provide the TAMP name, not the custodian name.
***For 529 direct advisory accounts, LPL is not acting as the broker/dealer and your account will be maintained at a third party custodian.

2. Registration Type (choose only one)

- ◯ Individual
- ◯ Guardianship/Conservatorship*
- ◯ Estate*
- ◉ Corporate*
- ◯ Tenants in Common
- ◯ Custodian for Minor
- ◯ Personal Trust*
- ◯ Non-Profit Organization*
- ◯ Community Property
- ◯ Coverdell ESA*
- ◯ Partnership*
- ◯ Omnibus*
- ◯ Joint Tenants With Right of Survivorship
- ◯ 529 Plan / 529 ABLE Plan* (Direct Business Only)
- ◯ Limited Liability Company*
- ◯ Other (Please specify):

*Additional documentation required. Financial professional should refer to the detailed procedures for the registration type on the Resource Center.

3. Registration Information

Social Security Number or Tax ID: 35-2129262

Fill in your current residency status: (choose only one)

◉ U.S. Citizen ◯ Resident Alien ◯ Non-Resident Alien

Account Registration: Renaissance Charitable Foundation

ATTN: NAME OF DAF

Country of Citizenship: USA

Mailing Address: 8888 Keystone Crossing, Suite 1222

Indianapolis, IN 46240

Home Phone

Mobile Phone

Business Phone: 866-803-0389

Email: rcf@reninc.com

Section I: Account Information (continued)

3. Registration Information (continued)

Is this account for a Government Entity? ◯ Yes ◉ No

Will this account holder engage in the ISSUANCE of municipal securities? (Examples: Municipalities (towns, cities, states), Non-Profit Hospitals, Universities) ◯ Yes ◉ No

If yes, the account will be restricted for trading upon opening and you will be contacted for further information.

Answer the question below only if you answered "yes" this customer will engage in issuing municipal securities – If you answered "No" this customer won't engage in issuing municipal securities, you may skip and move to the next question.

1. Will this municipal account contain proceeds of municipal securities or municipal escrow investments? ◯ Yes ◯ No

If "no", this municipal account does not hold nor will it hold proceeds of municipal securities or municipal escrow investments. Please list below the source of funds that will be invested in this account:

Is the account holder considered an "institutional account" based on one or more of the following definitions per FINRA Rule 4512(c): ◉ Yes ◯ No

If yes, please select which definition the account qualifies for:

◯ 1. A bank, savings and loan association, insurance company or registered investment company;

◯ 2. An investment adviser registered either with the SEC under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions). Note: This is applicable only when the account is held by the RIA entity. It is not applicable when the Investment Advisor Representative (IAR) is the owner; or

◉ 3. Any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least $50 million

Section II: Investment Objective and Risk Tolerance

1. Select the investment objective that most accurately reflects the goals for this account: (choose only one)

The investment objectives are overall objectives for the entire account and may be inconsistent with a particular holding at any time. Please note that achievement of the stated investment objectives is a long-term goal for the account. These choices are listed in order from what is considered to be conservative to highest risk. There is no guarantee that the investment objective will be achieved.

◯ A. Income with Capital Preservation. Designed as a longer term accumulation account, this is considered generally the most conservative investment objective. Emphasis is placed on generation of current income with minimal risk of capital loss. Lowering the risk generally means lowering the potential income and overall return.

◯ B. Income with Moderate Growth. Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.

◯ C. Growth with Income. Emphasis is placed on modest capital growth with some focus on generation of current income.

◯ D. Growth. Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.

◯ E. Aggressive Growth. Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a longer time horizon.

◯ F.Trading. Emphasis is placed on speculative transaction activity. This objective represents acceptance of an extremely high level of risk.

ATTENTION: If you select an objective and cross it out to choose another, the change must be initialed by all account holders.

Section III: Account Holder Information

For corporate, LLC, non-profit organization, partnership, and investment club accounts, this section is NOT required. Complete the appropriate supplementary documentation instead. For additional account holders, complete the Supplemental Account Application (F1C).

1. Primary Information

Primary Account Holder/Trustee/Minor/529 Owner: AUTHORIZED INDIVIDUAL #1

Occupation (former if retired or unemployed):

ID Type (Ex: Driver's License, Passport, etc.): DRIVERS LICENSE

Social Security Number:

Date of Birth:

Industry (former if retired): Non-Profit

ID Place of Issuance:

Residence Address (no P. O. Boxes) ☐ Same as mailing address:

Employer Name ☐ Mark here if retired or unemployed: Renaissance Acquisition Company LLC

ID Number:

Employment Address: 8888 Keystone Crossing, Suite 1200

ID Issuance Date:

ID Expiration Date:

Country of Citizenship: USA

Indianapolis, IN 46240

ID verified? ◯ Yes ◯ No

Home Phone:

Mobile Phone:

Business Phone: 866-803-0389

Fax Number:

Account Number

Section III: Account Holder Information (continued)

1. Primary Information (continued)

Is this account for the benefit of a Politically Exposed Person (PEP)*? ◯ Yes ◉ No

If yes, define PEP position:

*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

☑ **I decline to provide a trusted contact person at this time.**

Trusted Contact Name

Trusted Contact Email

Trusted Contact Address

Trusted Contact Primary Phone

Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)

☐ Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA

Relationship to Account Holder of Person Associated with Firm or FINRA

Name of Associated Firm (if FINRA, list FINRA)

Address of Person Associated with Firm or FINRA

Corporate Compliance Mailing Address of Firm

☐ Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.

Name of Corporation(s)

2. Secondary Information

Secondary Account Holder/Trustee/Custodian/529 Beneficiary: AUTHORIZED INDIVIDUAL #2

Occupation (former if retired or unemployed)

ID Type (Ex: Driver's License, Passport, etc.): DRIVERS LICENSE

Social Security Number

Date of Birth

Industry (former if retired): Non-profit

ID Place of Issuance

Residence Address (no P. O. Boxes) ☐ Same as mailing address

Employer Name ☐ Mark here if retired or unemployed: Renaissance Acquisition Company LLC

ID Number

Employment Address: 8888 Keystone Crossing, Suite 1200

ID Issuance Date

ID Expiration Date

Country of Citizenship: USA

Indianapolis, IN 46240

ID verified? ◯ Yes ◯ No

Home Phone

Mobile Phone

Business Phone: 866-803-0389

Fax Number

Section III: Account Holder Information (continued)

2. Secondary Information (continued)

Is this account for the benefit of a Politically Exposed Person (PEP)*? ◯ Yes ◉ No

If yes, define PEP position:

*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

☑ **I decline to provide a trusted contact person at this time.**

Trusted Contact Name

Trusted Contact Email

Trusted Contact Address

Trusted Contact Primary Phone

Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)

☐ Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA

Relationship to Account Holder of Person Associated with Firm or FINRA

Name of Associated Firm (if FINRA, list FINRA)

Address of Person Associated with Firm or FINRA

Corporate Compliance Mailing Address of Firm

☐ Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.

Name of Corporation(s)

Section IV: Financial Information and Experience

1. Investment Information

Enter the letter that corresponds to the correct range:

Annual income? H | Net worth? (exclusive of primary residence) h | Liquid net worth?* h | Approximate account value?**

A. $1 - $24,999	B. $25,000 - $49,999	C. $50,000 - $99,999	D. $100,000 - $249,999
E. $250,000 - $499,999	F. $500,000 - $749,999	G. $750,000 - $999,999	H. $1,000,000 and over

Specify the exact Source of Account Holder Wealth and Income (e.g. Inheritance, employment salary, sale of real estate, etc.)

CHARITABLE DONATIONS

Federal income tax bracket? (%) 0

Investment Experience (total number of years): 20+

Indicate the number of years of experience for each investment type:

Annuities 20+ | Mutual Funds 20+ | Partnerships 20+ | Margin 20+ | Stocks 20+ | Bonds 20+ | Options 20+

Other (please specify):

Section IV: Financial Information and Experience (continued)

1. Investment Information (continued)

What are your assets/investments (includes positions held outside and by LPL in this and other accounts)? Please indicate approximate percentage of assets exclusive of primary home (must equal 100%). Do not provide percentages in fractions or decimals.

Real Estate	_____%	Mutual Funds	_____%	Checking / Savings	_____%	Annuities	_____%
Insurance	_____%	Stocks	_____%	Alternative Investments	_____%	Bonds	_____%
Other	_____%	If Other, please explain					

*Liquid net worth is exclusive of real estate; only include assets that can be liquidated within 30 days.
**Account minimums apply; see the applicable Account Packet for details or ask your financial professional.

2. Investment Time Horizon and Liquidity Needs

What is your investment time horizon for this account?

◯ 1-3 years ◯ 3-5 years ◯ 5-10 years ◯ More than 10 years

Do you have liquidity needs from the funds in this account? ◯ Yes ◯ No

If yes, when do you need these funds? ◯ Within 3 years ◯ More than 3 years

Section V: Margin Agreement

1. Margin Disclosure Statement Information (not all account types are eligible to have margin, ask your financial professional for details)

A margin account allows you to borrow against eligible securities or purchase securities on margin. Initial below if you want to establish a margin account and to indicate that you have received the Margin Disclosure Statement, have read the margin disclosure section in the Account Packet referenced in Section I, and agree to the terms and conditions.

Date Margin Disclosure Statement provided: _____ ALL account holders must initial. _____ Initials _____ Initials _____ Initials _____ Initials

Section VI: Acknowledgment and Execution

1. Name Differences/One and the Same Information (not to be used in lieu of court documentation for legal name changes)

List any name differences that you are known by or commonly use in the space provided. By listing the names below and signing Section VI, you are authorizing LPL to accept transactions and follow instructions under all names listed. Alterations to this section cannot be made after the form has been submitted, except by completing and submitting a separate One and the Same Form (OSL).

Section VI: Acknowledgment and Execution

2. Acknowledgment

I acknowledge by signing below that I have received, read, understand and agree to the terms of this Account Application, the applicable Account Agreement, and the LPL Relationship Summary (included in the Account Packet specified in Section I). Additionally I certify the following:

- All of the information provided in this Account Application is true, correct, and complete and I agree to notify LPL of any changes to the information.
- I understand and agree to the terms of the Automatic Cash Sweep Program set out in the Account Agreement.
- I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
- I acknowledge that proceeds from liquefied home equity on my primary residence will not be used to fund this account.
- I understand and agree that it is my responsibility to inform my financial professional any time I purchase class A shares of a mutual fund in the same fund family as a fund that I own either individually or in related accounts, in order to ensure that I receive the appropriate commission discount.
- I have discussed with my financial professional the investment objective selected for the account in Section II of this Application.
- I understand that investing through a brokerage or advisory account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.
- If I am engaging my financial professional through a third party asset management program (TAMP), I acknowledge receipt of the LPL Form ADV Disclosure Brochure, the Brochure Supplement of the financial professional servicing the account as well as the TAMP Form ADV Disclosure Brochure, the TAMP advisory program agreement, and the TAMP solicitor disclosure statement, as applicable.
- If I am engaging my financial professional through a 529 direct advisory account, I acknowledge receipt of the LPL Form ADV Firm Brochure and the Brochure Supplement of the financial professional servicing the account, as well as the Official Statement/program disclosure documents for the 529 Advisory Plan.
- I authorize LPL to contact my trusted contact person listed above. I understand that providing this information is optional and I may withdraw it at any time.
- I understand no portion of this account can be used as collateral without authorization of LPL Home Office which shall be obtained through the completion of required LPL documentation.
- In the event that I choose to pledge eligible LPL accounts as collateral to a lender for a loan or line of credit, I acknowledge that I cannot and will not use the proceeds from any loan or line of credit to purchase securities.

Under penalties of perjury, I hereby certify that : (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, (3) I am a U.S person (including a U.S resident alien), and (4) I attest I am exempt from FATCA Reporting. (However, if you provide an IRS W-8 form, it will supersede this statement and you may be subject to FATCA Reporting.) (Cross out (2) if subject to backup withholding.) The Internal Revenue Service does not require my consent to any provision of this document other than the certifications requires to avoid backup withholding.

This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the last numbered section of the Account Agreement (included in the Account Packed specified in Section I), which is incorporated by reference into the Account Application.

Account Holder Signature	AUTHORIZED INDIVDIUAL #1 Account Holder Name (print)	Date (required)
Account Holder Signature	AUTHORIZED INDIVDIUAL #2 Account Holder Name (print)	Date (required)
Account Holder Signature	Account Holder Name (print)	Date (required)
Account Holder Signature	Account Holder Name (print)	Date (required)

3. Branch Use Only

I have reviewed this document for completeness, accuracy, suitability, and proper disclosures. If this account was opened online and the automated check against the OFAC list of specially designated nationals (SDNs) resulted in a match to the account holder's name, I have confirmed that the account holder is not the same person listed by OFAC. If this account is opened by the home office, I have checked the list of SDNs and either the account holder's name does not appear or, if the account holders name is the same of a SDN, the account holder is not the person listed by OFAC. I have also provided the account holder with the CIP disclosure either in writing or verbally.

Financial Professional / Authorized Person Signature	Financial Professional / Authorized Person Name (print)	Rep ID	Date (required)
Joint Financial Professional / Authorized Person Signature	Joint Financial Professional / Authorized Person Name (print)	Rep ID	Date (required)
Joint Financial Professional / Authorized Person Signature	Joint Financial Professional / Authorized Person Name (print)	Rep ID	Date (required)

Account Number