Entity Information

Entity Information & Certification

EID

Account Number | | | | | | | | |

Rep ID | | | | |

Instructions: Submit this form when an entity account is opened. An entity account is an account opened for a corporation, partnership, LLC, sole proprietorship, non-profit or other non-corporation. It designates individuals who are authorized to give instructions on behalf of the entity. **Supporting documentation is required for Entity Documentation.** Unless otherwise indicated, "LPL" herein refers to LPL Financial, LLC, and its affiliates.

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

Section I: Entity Information & Documentation

1. Entity Information

Name of Entity

Renaissance Charitable Foundation ATTN: NAME OF DAF

What type of entity? (select one)

- (•) C Corporation
- ( ) S Corporation
- ( ) Non-Profit
- ( ) Sole Proprietorship
- ( ) Partnership
- ( ) Limited Liability Corporation

Optional: Legal Entity Identifier (LEI):

More information about the LEI can be found at www.gleif.org.

2. Entity Documentation (Indicate which **required** document is attached for the entity)

- ( ) Business License
- ( ) Certificate of Good Standing
- ( ) Partnership Agreement
- ( ) Operating Agreement
- (•) Articles of Organization
- ( ) Articles of Incorporation
- ( ) IRS Form 990

Document Number (Tax ID/SSN not acceptable)	Place of Issuance	Document Issuance Date	Document Expiration Date (if applicable)
2000122700083	Indiana	12/22/2000	

Section II: Authorized Individual Information - Complete subsection for each Authorized Individual

All authorized individuals must sign this form.

1. Authorized Individual Name

Authorized Individual Name	Social Security Number	Date of Birth	ID Number
AUTHORIZED INDIVIDUAL #1			
Residence Address (no P.O. Boxes) ☐ Same as mailing address	**Country of Citizenship**	**ID Type**	**ID Issuance Date**
	Primary Phone	**ID Place of Issuance**	**ID Expiration Date**

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). 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)

Section II: Authorized Individual Information - Complete subsection for each Authorized Individual (continued)

☐ Mark here and complete the FINRA information if you, your spouse, domestic partner, or other immediate family member is a FINRA employee, person associated with a broker/dealer, or municipal securities dealer. By completing and signing this new account application, you authorize LPL Financial LLC ("LPL") to transmit duplicate statements, confirmations and other information concerning the account and its existence to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA

Your Relationship to the person associated with the Firm

The name of the 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. Authorized Individual Information

Authorized Individual Name: AUTHORIZED INDIVIDUAL #2

Social Security Number

Date of Birth

ID Number

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

Country of Citizenship: USA

ID Type

ID Issuance Date

Home Phone

ID Place of Issuance

ID Expiration Date

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 FINRA information if you, your spouse, domestic partner, or other immediate family member is a FINRA employee, person associated with a broker/dealer, or municipal securities dealer. By completing and signing this new account application, you authorize LPL to transmit duplicate statements, confirmations and other information concerning the account and its existence to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA

Your Relationship to the person associated with the Firm

The name of the 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 II: Authorized Individual Information - Complete subsection for each Authorized Individual (continued)

3. Authorized Individual Information

Authorized Individual Name | Social Security Number | Date of Birth | ID Number

Residence Address (no P. O. Boxes) ☐ Same as mailing address | Country of Citizenship | ID Type | ID Issuance Date

Home Phone | ID Place of Issuance | ID Expiration Date

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.

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☐ **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 FINRA information if you, your spouse, domestic partner, or other immediate family member is a FINRA employee, person associated with a broker/dealer, or municipal securities dealer. By completing and signing this new account application, you authorize LPL to transmit duplicate statements, confirmations and other information concerning the account and its existence to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA | Your Relationship to the person associated with the Firm | The name of the 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)

4. Authorized Individual Information

Authorized Individual Name | Social Security Number | Date of Birth | ID Number

Residence Address (no P. O. Boxes) ☐ Same as mailing address | Country of Citizenship | ID Type | ID Issuance Date

Home Phone | ID Place of Issuance | ID Expiration Date

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.

Section II: Authorized Individual Information (continued)

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.

Full Name of Person Associated with Firm or FINRA

Your Relationship to the person associated with the Firm

The name of the 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 III: Certification

1. Acknowledgment

Each Authorized Individual named in Section II above, upon completing this certification and signing same, certifies that such Authorized Individual is authorized by the entity's governing documentation to open an account(s) in my entity's name with LPL. Furthermore, that the entity is duly authorized and permitted by its documents, and each Authorized Individual is authorized on the entity's behalf to:

(1) Deliver under appropriate seal (if any) any and all written endorsements and documents necessary or proper to effectuate the same; and

(2) Through LPL to buy, sell, and otherwise deal in stocks, bonds, options of every nature, warrants and other securities and commodities, on margin or otherwise (including short sales) as specified in my entity documents; and

(3) Receive on behalf of the entity account monies, securities and properties of every kind, and to dispose of same; and

(4) Certify, individually and on behalf of the entity, account demands, notices, confirmations, reports, statements of account, and communications of every kind; and

(5) Borrow money, incur indebtedness, and obtain extensions of credit for any purpose permitted by applicable law, whether secured or unsecured; and

(6) Pledge, assign, hypothecate, or otherwise grant a security interest in any assets of the entity, including financial instruments, as collateral for any present or future indebtedness or obligations; and

(7) Execute and deliver agreements, instruments, certificates, and other documents in connection with any such borrowing or pledging of assets of the entity; and

(8) Make on behalf of the entity account agreements relating to any of the foregoing matters, acknowledge the correctness thereof, and to terminate or modify same or waive any of the provisions thereof; and

(9) Generally to deal with LPL on behalf of the entity account as fully and completely as if each Authorized Individual were alone interested in the entity account, all without notice to any other or others interested in the entity account.

Each Authorized Individual fully indemnifies and holds LPL harmless for any cost, charge, draw, payment or any resultant damage incurred by me associated with LPL's acceptance of instructions made by any Authorized Individual.

Additionally, the authority granted hereunder shall remain in force until LPL's receipt of written notice of revocation, as authorized by entity's governing documentation, LPL shall have no liability for any actions made pursuant to instructions by any Authorized Individual prior to LPL's receipt of written notice of termination of such Authorized Individual's authority.

LPL, in the event of the death or resignation of any authorized individual of the entity account, is authorized to take such proceedings, require such papers, retain such portion of or restrict transactions in said account as LPL may deem advisable to protect LPL against any liability, penalty or loss under any present or future law or otherwise.

It is further agreed that in the event of the death or resignation any authorized individual of the entity account, the remaining authorized individuals will immediately cause you to be notified of such fact.

Subject to the provisions hereof, all notices or communications in respect of the entity account will be directed to the address of record.

Signature of Authorized Individual	AUTHORIZED INDIVDIUAL #1 Name of Authorized Individual (print)	Date
Signature of Authorized Individual	AUTHORIZED INDIVDIUAL #2 Name of Authorized Individual (print)	Date
Signature of Authorized Individual	Name of Authorized Individual (print)	Date
Signature of Authorized Individual	Name of Authorized Individual (print)	Date