Renaissance

Contribution Information Form

Annuity Contracts

This form must be completed, signed by the Donor(s) and returned to Gift Administration Services Inc., 6100 W. 96th St., Suite 100, Indianapolis, IN 46278.

Name of Trust Contributing to: **Date of Contribution*: / /**

Investment Account Information

Name of Company Holding Trust Account: Account #:

Contact: Phone:

Street Address: City: State: Zip:

Insurance Carrier "1"

Name of Insurance Carrier: Contract/Policy #:

Original Date of Purchase: / / Fair Market Value**: $

Type of Contract: ☐ fixed ☐ variable ☐ deferred ☐ other: _____

Insurance Carrier "2"

Name of Insurance Carrier: Contract/Policy #:

Original Date of Purchase: / / Fair Market Value**: $

Type of Contract: ☐ fixed ☐ variable ☐ deferred ☐ other: _____

I (we) certify that this information is true and correct to the best of my (our) knowledge and belief.

Signature of Donor	Printed Name	Date
Signature of Donor	Printed Name	Date

*The date the asset is unconditionally delivered to the trustee within the meaning of Reg. §1.170A-1(b).

**Copy of the transfer of ownership form approved by the appropriate authority at the annuity company attached. For purposes of the charitable deduction, a valuation letter from the annuity company or independent special trustee must be attached.

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Phone (800) 843-0050
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