Renaissance

Contribution Information Form

Life Insurance Policies

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 Insurance Policy: Policy #:

Contact: Phone:

Street Address: City: State: Zip:

Insurance Carrier "1"

Name of Insurance Carrier: Contract/Policy #:

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

Cost basis on Date of Contribution: $

Type of Policy: ☐ whole life ☐ endowment ☐ term ☐ other: _____

Insurance Carrier "2"

Name of Insurance Carrier: Contract/Policy #:

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

Cost basis on Date of Contribution: $

Type of Policy: ☐ whole life ☐ endowment ☐ term ☐ 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).

**For purposes of the charitable deduction, a valuation letter from the donor must be attached.

6100 W. 96th St., Suite 100
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Phone (800) 843-0050
Fax (317) 843-5417

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