Renaissance

Trust Transmittal Checklist

Life Insurance Policies

NOTE: THE FOLLOWING ITEMS MUST BE RECEIVED IN ORDER TO PROCESS THE TRUST'S FIRST DISTRIBUTION.

Return this completed checklist with the listed documents to Gift Administration Services Inc., 6100 W. 96th St., Suite 100, Indianapolis, IN 46278. For further assistance, contact a Trust Coordinator at 800-843-7997.

NOTE: The donor(s) is responsible for filing gift tax Form 8283.

Trust Documentation

- ☐ Executed trust document with COMPLETED and signed *Schedule A*
- ☐ Executed *Administration Agreement* with all dates and signatures completed
- ☐ Executed *Contribution Agreement* (if applicable)
- ☐ *Limited Power of Attorney* -- signed and notarized
- ☐ Copy of Form SS-4 if you have applied for the Employer Identification Number (EIN) for the trust ***or Form 2848 and Form SS-4 signed by trustee(s) for Gift Administration to apply for EIN***
- ☐ Completed *Renaissance Service Evaluation Questionnaire*

Asset Information

- ☐ Gift Administration Services' *Contribution Information Form* signed by the donor(s)
- ☐ Completed transfer of ownership form which has been approved by the appropriate authority at the life insurance company to verify the date of contribution-(This date should be noted in the designated area of the *Contribution Information Form*)
- ☐ Valuation letter from the life insurance company, reflecting the fair market value of the policy as of the date of contribution (This should be accompanied by a letter from the donor confirming the fair market value provided by the company for charitable deduction purposes.)
- ☐ Written legal opinion from the donor's legal counsel regarding the insurance policy being gifted to the trust (The letter should address whether or not there are any issues that might affect the administration of the trust)
- ☐ Copy of the life insurance policy
- ☐ Names and addresses of all institutions holding trust assets (Photocopies of new account applications are preferred)
- ☐ Account(s) from which Gift Administration Services Inc. should make its requests for the trust distribution and administration fees (This information should include the account number, address, contact person, phone and fax number)
- ☐ Copy of annuity application and check payable to the insurance carrier (if applicable)
- ☐ IST-deferred letter for net income trusts attempting to defer income (if applicable)

NOTE: All asset accounts MUST reflect Gift Administration Services Inc. as the registered address of record. Gift Administration must receive all trust account statements produced from trust inception. A sample follows:

Trustee (or IST)
John & Mary Doe CRT U/A 01/01/00
c/o Gift Administration Services, Inc.
6100 W. 96th St., Suite 100
Indianapolis, IN 46278