

Renaissance

Contribution Information Form

NOTES & BONDS

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: _____

INSTRUMENT "1"

Full Name of Instrument: _____ Cusip #: _____
Date of Last Interest Payment: / / Frequency of Payments: _____
Original Date of Purchase: / / Maturity Date: / / Total Face Value: \$ _____
Coupon Rate: % Cost Basis: \$ _____ Total Market Value: \$ _____
If this instrument is subject to Original Issue Discount, provide the dollar amount of the discount: \$ _____
Type of Debt Instrument: municipal bond corporate bond T-note/bond other: _____

INSTRUMENT "2"

Full Name of Instrument: _____ Cusip #: _____
Date of Last Interest Payment: / / Frequency of Payments: _____
Original Date of Purchase: / / Maturity Date: / / Total Face Value: \$ _____
Coupon Rate: % Cost Basis: \$ _____ Total Market Value: \$ _____
If this instrument is subject to Original Issue Discount, provide the dollar amount of the discount: \$ _____
Type of Debt Instrument: municipal bond corporate bond T-note/bond 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). Please provide verification.