

Renaissance

Contribution Information Form

STOCKS & MUTUAL FUNDS

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: _____

Security or Fund "1"

Full Name of Security or Fund: _____

Cusip #: _____

Original Date of Purchase: / / _____

Initial Cost Basis: \$ _____

Fair Market Value on Date of Contribution: \$ _____

Number of Shares: _____

Type of Security: common stock preferred stock mutual fund publicly traded security

Restrictions: Rule 144 §306 stock transferability closely-held**

Security or Fund "2"

Full Name of Security or Fund: _____

Cusip #: _____

Original Date of Purchase: / / _____

Initial Cost Basis: \$ _____

Fair Market Value on Date of Contribution: \$ _____

Number of Shares: _____

Type of Security: common stock preferred stock mutual fund publicly traded security

Restrictions: Rule 144 §306 stock transferability closely-held**

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).

** Attach copy of the new share certificate signed by the company's president. Total number of shares of the company is: _____