



Please complete all information in this application form (Print in ink or type). If you need assistance, you may contact your financial advisor or call 800-479-5145.

Return completed forms to: Ren
8888 Keystone Crossing
Suite 1200
Indianapolis, IN 46240
Fax: 877-736-4620
Email: ops@reninc.com

► **Contribution Information**

Name of Trust Contributing to	
Date of Contribution*	

► **Basis Information For Property “1”**

Description of Property	
Original Acquisition Date	Cost Basis \$
Fair Market Value on Date of Contribution	\$

► **Basis Information For Property “2”**

Description of Property	
Original Acquisition Date	Cost Basis \$
Fair Market Value on Date of Contribution	\$

► **Basis Information For Property “3”**

Description of Property	
Original Acquisition Date	Cost Basis \$
Fair Market Value on Date of Contribution	\$

► **Acknowledgment**

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

Printed Name	Date
Signature	
Printed Name	Date
Signature	

* The date the asset is unconditionally delivered to the trustee within the meaning of Reg. §1.11 0A-1(b).
Please provide proof of delivery.