



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 Partnership “1”**

| | |
|---|---------------|
| Name of Partnership | |
| Original Purchase Date | Cost Basis \$ |
| Fair Market Value on Date of Contribution | \$ |

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

| | |
|---|---------------|
| Name of Partnership | |
| Original Purchase Date | Cost Basis \$ |
| Fair Market Value on Date of Contribution | \$ |

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

| | |
|---|---------------|
| Name of Partnership | |
| Original Purchase 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. § 1.1 IOA-1 (b).