# U.S. Legacy Income Trusts<sup>®</sup> Tax-advantaged income for life | Legacy of charitable giving

# U.S. Legacy Income Trusts<sup>®</sup>

#### Instructions for Distributions

Each individual income beneficiary may direct the Administrator, Ren, to deposit Trust distributions directly into his or her bank or brokerage account. In the absence of wire instructions for an income beneficiary's bank or brokerage account, the Administrator will, unless otherwise instructed, provide distributions to an income beneficiary in the form of a check delivered via the U.S. Postal Service to the income beneficiary's mailing address.

Please complete the information below if one or more of your individual income beneficiaries would like Trust distributions to be deposited directly into his or her bank or brokerage account. Please complete a separate copy of this form for each income beneficiary who wishes to deposit his or her Trust distributions directly into his or her bank or brokerage account. If two income beneficiaries have a joint bank or brokerage account, one form can be submitted with both income beneficiaries listed.

**Note:** The account provided in Section 2 below must be directly held by the income beneficiary. Designations of electronic transfers to accounts held by third parties will not be honored. Please contact the Administrator at 1-844-898-0800 if you have any questions on this election.

## Section 1: U.S. Legacy Income Trust Information

Name of Income Beneficiary			Email Address	
Name of Second Income Beneficiary (	f Joint Holders of Account List	ted in Section 2)	Email Address	
U.S. Legacy Income Trust Account Nu	mber (If Known)			
Section 2: Electronic Transfer I	nformation			
Name of Financial Institution				
Routing/ABA#				
City	State		Zip Code	
Account Number	Name(s) Reg	istered on the Account		
Please indicate the type of account:	Bank Checking Account	Bank Savings Account	Brokerage Account	

## Instructions for the routing and account number from an actual check

Your name		98765 -
Your address		
Pay to the		
Order of		\$
		Dollars
Your bank		
Memo		
123456789	12345678987654321	98765
0 Dist		
9 Digit	Your Account	Ch
iting Number	Number	Nur

#### Section 3: Signature

Signature of Income Beneficiary	Date	
Signature of Joint Account Holder (if applicable)	Date	

Return completed form to: Fax: 877-227-3479 | Email: uslit@reninc.com U.S. Charitable Gift Trust c/o Ren 8888 Keystone Crossing, Suite 1200 | Indianapolis, IN 46240 Phone: 1-844-898-0800

