

U.S. Legacy Income Trust Self-Directed Donor Application

This Application should be used only for contributions to U.S. Legacy Income Trust IV.2 (Trust IV.2) and U.S. Legacy Income Trust V.2 (Trust V.2) (collectively, Trusts).

To help fight the funding of terrorism and money laundering, federal law requires financial institutions to obtain, verify and record information that identifies each person who opens an account with that financial institution. To open a Trust Account, you must provide your name, address, date of birth and other information requested by Ren, the Administrator, which may include a copy of your driver's license or other identifying documents.

For more information about the Trusts, please refer to the Trusts' Information Statement dated as of January 1, 2024, as it may be amended (Information Statement).

Section 1: Donor Information

Donor 1 Please Complete All Fields.

Mr. Mrs. Ms. Miss Dr. Other (please specify) _____

Donor Name _____ Date of Birth _____ Social Security Number _____

Residential Street Address (P.O. Boxes are not allowed.) _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone (if different) _____

Email Address (Unless indicated by checking the box below, all notifications regarding availability of account correspondence will be sent to this email address.) _____

Please check here if Donor 1 would prefer to receive account correspondence by regular mail rather than electronically. If so, please provide a mailing address if different from the street address listed above.

Account Mailing Address (If different from Residential Street Address, P.O. Boxes are allowed.) _____

City _____ State _____ Zip Code _____

If Donor 1 is not a U.S. citizen and cannot provide a social security number, please provide another government-issued identification number:

Government-Issued Identification Number _____ Identification Type (e.g., Passport) _____

U.S. Legacy Income Trusts

Donor 2 (if applicable) *Please complete all fields.*

Mr. Mrs. Ms. Miss Dr. Other (please specify) _____

Donor Name _____ Date of Birth _____ Social Security Number _____

Residential Street Address (P.O. Boxes are not allowed.) _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone (if different) _____

Email Address (Unless indicated by checking the box below, all notifications regarding availability of account correspondence will be sent to this email address.) _____

Please check here if Donor 2 would prefer to receive account correspondence by regular mail rather than electronically. If so, please provide a mailing address if different from the street address listed above.

Account Mailing Address (If different from Residential Street Address, P.O. Boxes are allowed.) _____

City _____ State _____ Zip Code _____

If Donor 2 is not a U.S. citizen and cannot provide a social security number, please provide another government-issued identification number:

Government-Issued Identification Number _____ Identification Type (e.g., Passport) _____

Section 2: Designation of the Trust to Which You Are Contributing

The minimum contribution amount required to open a Trust Account varies by Trust: \$20,000 for Trust IV.2 and \$250,000 for Trust V.2. The Trusts also differ by the amount of their annual fees and expenses. See the Information Statement for more information. Please ensure that your initial contribution amount meets the minimum requirement of the Trust you designate.

Please indicate the Trust to which you are contributing:

Trust IV.2 Trust V.2

If you indicate that you intend to make a contribution to Trust IV.2, but the amount of your contribution (determined as described in the Information Statement) satisfies the minimum initial contribution amount for Trust V.2 (which is subject to lower administrative fees), the Administrator generally intends to notify you of your contribution's eligibility for acceptance to the lower-fee Trust. You have ultimate responsibility for determining to which Trust (among those for which your contribution is eligible for acceptance) your contribution is made.

Section 3: Name of Your Trust Account

Select a name for your Trust Account, which may include your own name or that of your family (for example, "Smith Family Legacy Fund" or "John Q. Smith Income Trust"). If you do not provide a name, the Trust Account name will default to "(Donor Name) Legacy Income Fund" (or similar). The Board of Directors (Board of Directors) of U.S. Charitable Gift Trust (Gift Trust) reserves the right in its sole discretion to not approve or change a proposed Trust Account name.

Proposed name of your Trust Account: _____

Section 4: Designation of Income Beneficiaries

You may select up to 10 individual income beneficiaries to receive your Trust Account's income distributions. You may designate yourself, your spouse, other family members or other natural persons living at the time of your Trust Account's initial funding as individual income beneficiaries. You may also designate the Gift Trust as an income beneficiary. Once established at initial funding, your Trust Account's income beneficiaries cannot be changed, subject to the narrow exception provided for in Section 6 below. The designation of individual income beneficiaries may have gift, estate and generation-skipping transfer tax implications. See "Tax Considerations – Gift, Estate and Generation-Skipping Transfer Taxes" in the Information Statement.

If you have more than five individual income beneficiaries, please list on additional sheets and attach. Please send a fully completed IRS Form W-9 or other applicable U.S. tax form for each of your Trust Account's income beneficiaries to the Administrator at the address shown on page 16 of this Application.

First Individual Income Beneficiary Please check if first individual income beneficiary is the same as Donor 1.

| | | |
|------------------------------------------------------------|------------------------------|------------------------|
| Name | Date of Birth | Social Security Number |
| Mailing Address | | |
| City | State | Zip Code |
| Daytime Phone | Evening Phone (if different) | |
| Email Address (For notification of account correspondence) | | |

Second Individual Income Beneficiary Please check if second individual income beneficiary is the same as Donor 2.

| | | |
|------------------------------------------------------------|------------------------------|------------------------|
| Name | Date of Birth | Social Security Number |
| Mailing Address | | |
| City | State | Zip Code |
| Daytime Phone | Evening Phone (if different) | |
| Email Address (For notification of account correspondence) | | |

Third Individual Income Beneficiary

| | | |
|------|---------------|------------------------|
| Name | Date of Birth | Social Security Number |
|------|---------------|------------------------|

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | |
|---------------|------------------------------|
| Daytime Phone | Evening Phone (if different) |
|---------------|------------------------------|

Email Address (For notification of account correspondence)

Fourth Individual Income Beneficiary

| | | |
|------|---------------|------------------------|
| Name | Date of Birth | Social Security Number |
|------|---------------|------------------------|

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | |
|---------------|------------------------------|
| Daytime Phone | Evening Phone (if different) |
|---------------|------------------------------|

Email Address (For notification of account correspondence)

Fifth Individual Income Beneficiary

| | | |
|------|---------------|------------------------|
| Name | Date of Birth | Social Security Number |
|------|---------------|------------------------|

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | |
|---------------|------------------------------|
| Daytime Phone | Evening Phone (if different) |
|---------------|------------------------------|

Email Address (For notification of account correspondence)

Designation of Gift Trust as Income Beneficiary

Do you wish to designate the Gift Trust as an income beneficiary of your Trust Account?

Yes No

Once established, the income interest of the Gift Trust is irrevocable. You will not be allowed an additional federal income tax deduction for the value of the income interest you allocate to the Gift Trust, either upon your contribution or upon payment to the Gift Trust over the term of the Trust Account.

If yes, what percentage of your Trust Account's income distributions would you like to allocate to the Gift Trust?

_____ *Indicate percentage.*

The Gift Trust's income interest will remain constant for the term of your Trust Account.

If you designate the Gift Trust as an income beneficiary, you may direct the disposition of the attributable Gift Trust assets by following the instructions below under "Section 10: Gift Trust Income Designation."

Section 5: Allocation of Distributions Among Individual Income Beneficiaries

This section is required to be completed unless there is only one individual designated as income beneficiary.

If your Trust Account has more than one individual income beneficiary, select and complete one of the options below to indicate how the Trust Account's distributions to individuals are to be allocated among current and future individual income beneficiaries. If you designate the Gift Trust as an income beneficiary, the Gift Trust's percentage participation in the income distributions of your Trust Account will remain the same throughout the term of the Trust Account. Among individual income beneficiaries, income distributions may be allocated concurrently (two or more income beneficiaries share in distributions at the same time), consecutively (upon the death of one income beneficiary, a new income beneficiary takes his or her place) or a combination (income is first allocated concurrently, then reallocated after the death of one or more initial income beneficiaries to include one or more new income beneficiaries). Once established at initial funding, the allocation of your Trust Account's distributions cannot be changed except for the narrow exception provided for in Section 6 below.

Option A: Concurrent Individual Income Beneficiaries

In this option, each of your individual income beneficiaries will participate initially in the Trust Account's income distributions to individuals, based on the percentages you designate below. Upon the death of one of the income beneficiaries, that individual's share of Trust Account distributions will be reallocated among the surviving individual income beneficiaries in proportion to each of their percentages indicated below. Upon the death of the last-surviving individual income beneficiary, the Trust Account will convert into a Charitable Account making grants to qualified charitable organizations selected by the Donor or successor Donor Advisor. *You may select up to 10 concurrent individual income beneficiaries. Percentages do not have to be equal but must total 100% (whether or not you designate the Gift Trust as an income beneficiary).*

- (1) Name: _____ Percentage of individual income distributions: _____ %
- (2) Name: _____ Percentage of individual income distributions: _____ %
- (3) Name: _____ Percentage of individual income distributions: _____ %
- (4) Name: _____ Percentage of individual income distributions: _____ %
- (5) Name: _____ Percentage of individual income distributions: _____ %
- (6) Name: _____ Percentage of individual income distributions: _____ %

- (7) Name: _____ Percentage of individual income distributions: _____ %
- (8) Name: _____ Percentage of individual income distributions: _____ %
- (9) Name: _____ Percentage of individual income distributions: _____ %
- (10) Name: _____ Percentage of individual income distributions: _____ %

Option B: Consecutive Individual Income Beneficiaries – Standard Sequence

In this option, you designate individual income beneficiaries or groups of individual income beneficiaries to receive your Trust Account's income distributions to individuals in succession. The income beneficiaries in a group will each receive the designated percentages of income distributions to individuals during their joint lifetimes. Upon the death of an income beneficiary in a group, that individual's share of Trust Account distributions will be reallocated among the surviving income beneficiaries of that group in proportion to each of their percentages of group distributions indicated below. After the death of every individual income beneficiary in a group, the individual income beneficiaries of the next group, if any, will succeed to the income interests of the prior group and begin receiving distributions.

Note: The total number of individual income beneficiaries listed below among all groups cannot exceed 10. For example, if you have nine income beneficiaries listed in Group 1, you can have only one income beneficiary in Group 2; if you have three income beneficiaries listed in Group 1, you can have up to seven income beneficiaries listed in the remaining groups, combined.

Group 1: You may name up to *nine* individual income beneficiaries in Group 1. The income beneficiaries listed below will share initially in the Trust Account's distributions to individuals based on the indicated percentages. Percentages do not have to be equal but must total 100% (whether or not you designate the Gift Trust as an income beneficiary).

- (1) Name: _____ Percentage of individual income distributions: _____ %
- (2) Name: _____ Percentage of individual income distributions: _____ %
- (3) Name: _____ Percentage of individual income distributions: _____ %
- (4) Name: _____ Percentage of individual income distributions: _____ %
- (5) Name: _____ Percentage of individual income distributions: _____ %
- (6) Name: _____ Percentage of individual income distributions: _____ %
- (7) Name: _____ Percentage of individual income distributions: _____ %
- (8) Name: _____ Percentage of individual income distributions: _____ %
- (9) Name: _____ Percentage of individual income distributions: _____ %

Group 2: You may name up to *nine* individual income beneficiaries in Group 2. The income beneficiaries listed below will begin receiving distributions after the death of the last-surviving Group 1 income beneficiary. Percentages do not have to be equal, but must total 100% (whether or not you designate the Gift Trust as an income beneficiary).

- (1) Name: _____ Percentage of individual income distributions: _____ %
- (2) Name: _____ Percentage of individual income distributions: _____ %
- (3) Name: _____ Percentage of individual income distributions: _____ %

- (4) Name: _____ Percentage of individual income distributions: _____ %
- (5) Name: _____ Percentage of individual income distributions: _____ %
- (6) Name: _____ Percentage of individual income distributions: _____ %
- (7) Name: _____ Percentage of individual income distributions: _____ %
- (8) Name: _____ Percentage of individual income distributions: _____ %
- (9) Name: _____ Percentage of individual income distributions: _____ %

Group 3: You may name up to **eight** individual income beneficiaries in Group 3. The income beneficiaries listed below will begin receiving distributions after the death of the last-surviving Group 1 and Group 2 income beneficiaries. Percentages do not have to be equal but must total 100% (whether or not you designate the Gift Trust as an income beneficiary).

- (1) Name: _____ Percentage of individual income distributions: _____ %
- (2) Name: _____ Percentage of individual income distributions: _____ %
- (3) Name: _____ Percentage of individual income distributions: _____ %
- (4) Name: _____ Percentage of individual income distributions: _____ %
- (5) Name: _____ Percentage of individual income distributions: _____ %
- (6) Name: _____ Percentage of individual income distributions: _____ %
- (7) Name: _____ Percentage of individual income distributions: _____ %
- (8) Name: _____ Percentage of individual income distributions: _____ %

If you select Option B and would like to designate more than three Groups, please list your additional Groups with individual income beneficiary names and percentages of individual income distributions for each income beneficiary on an additional sheet and attach. Within each Group, percentages do not have to be equal but must total 100% (whether or not you designate the Gift Trust as an income beneficiary).

Option C: Consecutive Individual Income Beneficiaries – Custom Sequence

In this option, you designate individual income beneficiaries or groups of individual income beneficiaries to receive your Trust Account’s income distributions to individuals in succession. This option allows you to specify orders of succession among individual income beneficiaries different from Option B. For example, using this option you may designate yourself and your spouse as initial income beneficiaries and provide for your children (rather than your spouse) to succeed to your income interest if you die with your spouse surviving you.

Please provide a detailed explanation of your specified order of income beneficiary succession on one or more additional sheets and attach. The total number of individual income beneficiaries cannot exceed 10, and specified income allocation percentages must always total 100% (whether or not you designate the Gift Trust as an income beneficiary). Contact the Administrator with any questions you have regarding this option.

Section 6: Election to Retain Power to Revoke Future Individual Income Interests

Skip this section unless you have designated one or more future individual income beneficiaries to begin receiving income interests at or after your death.

Once established at initial funding, the designation of your Trust Account's income beneficiaries and the allocation of distributions cannot be changed by you or anyone else, subject to the following exception. In this section, you can elect to retain the power, exercisable solely by will, to revoke the income interests of one or more future individual income beneficiaries whose income interests would otherwise become effective at or after your death. The gift, estate and generation-skipping transfer tax implications to you of designating future individual income beneficiaries will vary based on whether or not you reserve the right to revoke their income interests. For example, if you do not retain the power to revoke the income interest of a future income beneficiary, you will be treated as making a completed gift to the individual for federal gift tax purposes when you make your contribution, which may be reportable on a gift tax return and may generate gift tax liability. See "Tax Considerations – Gift, Estate and Generation-Skipping Transfer Taxes" in the Information Statement.

Indicate below whether you elect to retain the power, exercisable solely by will, to revoke one or more of your Trust Account's individual income beneficiaries' future income interests upon your death. Once established, the income interest of the Gift Trust is irrevocable.

I/We hereby elect to retain the power, exercisable solely by will, to revoke the future income interests of the below-listed of my/our designated income beneficiaries whose income interests would otherwise become effective at or after my/our death.

Name of income beneficiary/beneficiaries (Attach additional sheet if necessary) _____

I/We hereby elect not to retain the power, exercisable solely by will, to revoke the future income interests of any of my/our designated income beneficiaries whose income interests would otherwise become effective at or after my/our death.

Donor 1 Signature _____

Donor 2 Signature (if applicable) _____

Section 7: Contribution Information

Please provide to the best of your knowledge the estimated amounts/number of shares, as this information will be used to match the contributions to your Trust Account.

Check Check Amount \$ _____

Wire Wire Amount \$ _____ Bank Name _____

Publicly Traded Securities

Amount _____ Name of Security _____ Symbol _____ Number of Shares _____

Amount _____ Name of Security _____ Symbol _____ Number of Shares _____

Amount _____ Name of Security _____ Symbol _____ Number of Shares _____

Amount _____ Name of Security _____ Symbol _____ Number of Shares _____

Amount _____ Name of Security _____ Symbol _____ Number of Shares _____

If you are contributing shares of more than five different securities, attach a separate sheet listing the additional securities.

Note:

Contributing federally tax-exempt securities, shares of funds holding federally tax-exempt securities, privately-held securities or cryptocurrency is not permitted.

All contributed property must be free and clear of any liens, encumbrances or other adverse claims and must have been held by the Donor for more than one year at time of contribution.

If the contributed shares are considered restricted and/or subject to restrictions pursuant to Rule 144 under the Securities Act of 1933, as amended, please contact the Gift Trust or the Administrator to discuss prior to contributing.

All contributions must be liquid in nature, and the Trusts reserve the right to decline any contribution that the Trustee determines, in its sole discretion, may take an extended period of time to liquidate. A Donor with questions regarding whether a proposed contribution is acceptable should contact the Gift Trust or the Administrator prior to making the contribution.

For additional information on acceptable contributions of securities, please see the Information Statement.

Section 8: Designation of Trust Account Financial Advisor

Donors may choose to designate an uncompensated financial advisor (Financial Advisor) of the Donor's Trust Account. The Financial Advisor will be noted in the records of the Trust Account as the financial advisor of the Trust Account and, in such role, will receive a copy of all account statements for the Trust Account. The Financial Advisor will not receive any compensation with respect to the Trust Account.

Skip this section if you choose not to designate a Financial Advisor.

Financial Advisor's Firm Financial Advisor's Name

Mailing Address

City State Zip Code

Telephone Email Address Fax Number (if available)

Support Team Member(s)

List any additional Team Member(s) who need access to the Gift Trust website. Listed individuals may have access to this Trust Account along with providing servicing items for this Trust Account.

First Name Last Name Email Address

First Name Last Name Email Address

For Financial Advisors that are Broker-Dealers:

Broker-Dealer Firm Branch Number (required)

Representative Number (required)

Section 9: Charitable Account Designations

This section is required to be completed.

Upon the death of the last-surviving of the individual income beneficiaries listed in Section 4 above, your Trust Account will convert into a Charitable Account of one of the Gift Trust's Donor-Advised Funds. If you already have a Donor-Advised Fund sub-account with the Gift Trust, you may either designate that as your successor Charitable Account or designate a separate Donor-Advised Fund sub-account for that purpose. If you designate an existing Donor-Advised Fund sub-account, the selection of qualified charitable organizations to support, the manner of support and the designation of successor Donor Advisors for your Charitable Account will be based on the instructions provided for the existing Donor-Advised Fund sub-account.

Do you have an existing Donor-Advised Fund sub-account with the Gift Trust that you wish to designate as the successor Charitable Account for your Trust Account?

No Yes

If yes, please indicate below the name and account number of your Donor-Advised Fund sub-account and **skip the remainder of this section.**

If no, complete the remainder of this section.

Please select among Options A, B, C and/or D below (and indicate the percentage allocation to each option) to direct how your Charitable Account will be used to support qualified charitable organizations. For Options A, B and D, the designation of the qualified charitable organizations (or the Gift Trust's general fund) to be supported and the manner of support may be either irrevocable (i.e., once made, cannot be changed later) or revocable (i.e., can be changed at any time prior to disbursement from the Charitable Account). If you select Option C or elect to make your charitable designations under Option A, B or D revocable, you or a successor Donor Advisor may later change your designations by submitting a written request to the Administrator. Refer to the Gift Trust's Gifting Booklet for Donor-Advised Funds for additional details.

Option A _____ % Immediate Distribution of Charitable Account Assets

I/We direct the immediate distribution of the above percentage of my/our Charitable Account assets to the qualified charitable organizations listed below in the percentages specified. I/We understand that all grant distributions are subject to the Gift Trust's determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. *Percentages within Option A indicated below must total 100%. (Donors may attach additional sheets and list up to a total of 10 charitable organizations.)*

Please check this box if you choose to make selection of this Option and the designations below irrevocable.

First Organization

| | | |
|----------------------------------------------------------|-----------------------------------------------|----------|
| Organization Name | Federal Tax ID Number (if known) | Phone |
| Mailing Address | | |
| City | State | Zip Code |
| Percentage (%) of Available Charitable Account Balance | Special Allocation or Purpose (if applicable) | |
| For Further Credit to Sub-Account Number (if applicable) | | |

Second Organization

| | | |
|--------------------------------------------------------|-----------------------------------------------|----------|
| Organization Name | Federal Tax ID Number (if known) | Phone |
| Mailing Address | | |
| City | State | Zip Code |
| Percentage (%) of Available Charitable Account Balance | Special Allocation or Purpose (if applicable) | |

Option B _____ % Establishing a Charitable Endowment

I/We direct the establishment of an endowment from the above percentage of my/our Charitable Account to provide annual grants from my/our Charitable Account to the qualified charitable organizations listed below in the percentages specified. I/We understand that all grant distributions are subject to the Gift Trust's determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. *Percentages within Option B indicated below cannot exceed 100%. (Donors may attach additional sheets and list up to a total of 10 charitable organizations.)*

Please check this box if you choose to make selection of this Option and the designations below irrevocable.

First Organization

Organization Name Federal Tax ID Number (if known) Phone

Mailing Address

City State Zip Code

Special Allocation or Purpose (if applicable)

Distribute Annually _____ % or \$ _____ of Available Account Balance

Second Organization

Organization Name Federal Tax ID Number (if known) Phone

Mailing Address

City State Zip Code

Special Allocation or Purpose (if applicable)

Distribute Annually _____ % or \$ _____ of Available Account Balance

Option C _____ % Designating Donor Advisor(s) to Grant Distributions

I/We designate the individual(s) listed below as Donor Advisor(s) to the above percentage of my/our Charitable Account, with authority to grant distributions from the Charitable Account to qualified charitable organizations of his/her/their choosing on a time frame of his/her/their choosing. I/We understand that all grant distributions are subject to the Gift Trust's determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. *Please attach a separate page listing additional Donor Advisors if necessary.*

Donor Advisor 1

Name Date of Birth Social Security Number

Mailing Address

City State Zip Code

Daytime Phone Email Address

Donor Advisor 2

| | | |
|------|---------------|------------------------|
| Name | Date of Birth | Social Security Number |
|------|---------------|------------------------|

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | |
|---------------|---------------|
| Daytime Phone | Email Address |
|---------------|---------------|

If your Charitable Account has two or more Donor Advisors at the same time, their rights as Donor Advisors will be exercisable individually (i.e., each Donor Advisor has individual authority).

Option D _____ % Supporting the Gift Trust General Fund

I/We direct the immediate distribution of the above percentage of the Charitable Account’s assets to the general fund maintained by the Gift Trust and request (choose one of the below):

Support of the below-listed permitted charitable purposes (e.g., medical research or education) from which the Board of Directors will choose specific qualified charitable organizations as grant recipients; or

That the Board of Directors chooses the charitable purpose and specific qualified charitable organizations as grant recipients.

Please check this box if you choose to make selection of this Option and the designations below irrevocable.

Recommended charitable purposes (if applicable): _____

Section 10: Gift Trust Income Designation

Skip this section unless you have designated the Gift Trust as an income beneficiary of your Trust Account.

If you have designated the Gift Trust as an income beneficiary of your Trust Account, you may direct the distribution of the attributable Gift Trust assets to one or more qualified charitable organizations. All distributions are subject to the Gift Trust’s determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. The designation of the qualified charitable organizations to be supported and the manner of support may be either irrevocable (i.e., once made, cannot be changed later) or revocable (i.e., can be changed by the Donor or successor Donor Advisor at any time prior to disbursement).

I/We direct the immediate distribution of the assets of the Gift Trust attributable to income distributions from my/our Trust Account to the qualified charitable organizations listed below in the percentages specified. I/We understand that all distributions are subject to the Gift Trust’s determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. *(Donors may attach additional sheets and list up to a total of 10 charitable organizations.)*

Please check this box if you choose to make the designations below irrevocable.

First Organization

| | | |
|-------------------|----------------------------------|-------|
| Organization Name | Federal Tax ID Number (if known) | Phone |
|-------------------|----------------------------------|-------|

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | |
|-----------------------------------------------|-----------------------------------------------|
| Percentage (%) of Available Gift Trust Assets | Special Allocation or Purpose (if applicable) |
|-----------------------------------------------|-----------------------------------------------|

Second Organization

| | | |
|-------------------|----------------------------------|-------|
| Organization Name | Federal Tax ID Number (if known) | Phone |
|-------------------|----------------------------------|-------|

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | |
|-----------------------------------------------|-----------------------------------------------|
| Percentage (%) of Available Gift Trust Assets | Special Allocation or Purpose (if applicable) |
|-----------------------------------------------|-----------------------------------------------|

Section 11: Donor Signature(s)

I/We hereby irrevocably transfer to the trustee of the Trust (Trustee) that I/we have designated in Section 2 the contributed property described in Section 7. The assets of the Trust attributable to my/our property are to be held, managed and distributed according to the terms of the Trust's Declaration of Trust (Declaration of Trust), the Information Statement and this U.S. Legacy Income Trust Advised Donor Application (Application).

As required by the Declaration of Trust, I/we agree to the following:

1. It is my/our intention that this contribution qualify as a gift to the designated Trust, which is a pooled income fund as defined in Section 642(c)(5) of the U.S. Internal Revenue Code of 1986, as amended, and this Application shall be interpreted accordingly.
2. I/We declare that the contribution described in this Application is irrevocable and is not subject to amendment or modification other than as set forth in Sections 6, 9 and 10. I/We also acknowledge that I/we cannot sell units in the Trust, borrow against them or assign them to anyone other than the Gift Trust.
3. I/We represent that the information provided in this Application is complete and accurate as of the date hereof and will remain so at the time of any additional contributions that I/we may make to the Trust unless I/we notify the Administrator otherwise in writing.
4. If any gift, estate, generation-skipping transfer, inheritance or other tax is assessed on my/our contributions to the Trust or any income interest related to my/our contributions to the Trust, I/we agree on behalf of myself/ourselves and my/our heirs, legal representatives, successors and assigns to arrange for payment of such tax out of a source other than the Trust and to indemnify the Trust from any and all liability for such tax.

5. I/We understand that, upon termination of the interests of the individual income beneficiaries named in Section 4, the value of the Trust income participation units representing such interests will be separated from the Trust and transferred to a Charitable Account at the Gift Trust in accordance with the Declaration of Trust, and the units of the Trust will be canceled.
6. I/We represent and warrant that the information provided by me/us on this Application is true and correct and I/we will indemnify the Trust, the Gift Trust and the Trustee against any losses they may suffer due to any misrepresentations, breach or failure of such representations.
7. I/We acknowledge that, before making this transfer, I/we have carefully read the Information Statement, and understand and agree to its terms and conditions.
8. I/We acknowledge that before making this transfer, I/we have reviewed the Donor identification requirements set forth on page 1 of this Application and agree to the terms and conditions of such requirements.
9. If I am/we are contributing securities to the Trust, I/we represent and warrant that I/we have held such securities for more than one year and such securities meet all acceptance criteria set forth in the Information Statement.
10. If I am/we are contributing securities to the Trust, I/we represent and warrant that the securities are not restricted for public sale by the Trust and are not otherwise subject to restrictions pursuant to Rule 144 under the Securities Act of 1933, as amended, or, if they are restricted or are potentially restricted, I/we have informed the Administrator of this fact and have provided the Administrator and the Trust with all information requested by them regarding such restrictions.
11. If I am/we are contributing securities to the Trust, I/we represent and warrant that I/we understand that my/our Trust Account will, with respect to such contribution, be credited with that number of units of the Trust as is equal to the net proceeds (gross proceeds less brokerage commissions and any other fees) received upon settlement of the sale of such securities by the Administrator divided by the net asset value (NAV) per unit of the Trust on the date the sale proceeds are used to acquire Trust units. I/we represent and warrant that I/we understand that the net proceeds received from the sale of the securities I/we contribute may be materially less than the value of the securities at time of contribution and that the NAV per unit of the Trust on the date the sale proceeds are used to acquire Trust units may be materially higher than on the date of contribution, and that neither the timeliness of the sale of the securities I/we contribute nor the number of Trust units that my/our Trust Account will be issued with respect to the securities I/we contribute can be guaranteed.
12. I/We hereby certify that, to the best of my/our knowledge, all information presented on and with this Application is accurate. I/We understand the nature of the Trust's investment objective and investment program and believe that the Trust is suitable for me/us and the income beneficiaries I/we designate, based upon my/our/their investment needs and financial situation as well as my/our charitable intentions.

I/We certify under the penalties of perjury that (1) the social security or other taxpayer identification number (TIN) provided in Section 1 is my correct TIN, and (cross out the following if it does not apply to you), (2)(a) I am not subject to U.S. Internal Revenue Service (IRS) backup withholding as a result of a failure to report all interest or dividends, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) I have been notified by the IRS that I am no longer subject to backup withholding. If you are exempt from backup withholding, circle clause 2(a). The IRS does not require your consent to any provisions of this Application other than the certifications in this paragraph.

Donor 1 Signature

Date

Donor 1 Name (please print)

Donor 2 Signature (if applicable)

Date

Donor 2 Name (please print)

Contributing to a U.S. Legacy Income Trust

Eligible Donors may contribute to Trust IV.2 or Trust V.2 by following the instructions in this Application. Donors may include individuals and U.S. trusts, estates, corporations and other U.S. legal entities. If accepted by the Trustee, contributions to a single Trust Account may be made by multiple Donors, such as spouses who each contribute securities they own in their individual names.

Please send your completed Application* to the Administrator, Ren, at the following address, email or fax, and follow the asset transfer instructions below. **Please also send a fully completed Internal Revenue Service (IRS) Form W-9 or other applicable U.S. tax form for each of your Trust Account's income beneficiaries to the Administrator at the following address:**

U.S. Legacy Income Trusts
c/o Ren

8888 Keystone Crossing, Suite 1200, Indianapolis, IN 46240

Email: uslit@reninc.com

Phone: 1-844-898-0800

Fax: 1-877-227-3479

| Contribution Type | Instructions |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cash | |
| Check | <ul style="list-style-type: none"> ▪ Make payable to U.S. Charitable Gift Trust/FFC: U.S. Legacy Income Trust ▪ Include the donor name, account name or account number in the memo section of the check ▪ Submit check along with Application |
| Wire | <p>Mail or fax the Application to the Administrator, noting that the contribution amount will be arriving via wire.</p> <p>Please wire to: Wells Fargo Bank, N.A. 420 Montgomery Street, San Francisco, CA 94014 ABA Number: 121000248 Account Number: 4483394078 For benefit of: U.S. Charitable Gift Trust/FFC: U.S. Legacy Income Trust FBO: Donor Name</p> |
| Eligible Securities** | |
| <p>Please note that the U.S. Charitable Gift Trust (Gift Trust) does not initiate the asset transfer.</p> <p>To transfer securities to the Gift Trust, contact the financial institution where the assets are currently held and provide the DTC instructions provided or complete the Letter of Authorization Form (Donors are responsible to submit form to the firm holding assets).</p> | <p>DTC Instructions</p> <p>Deliver all eligible securities/mutual funds to:</p> <p>Bank Name: Wells Fargo Clearing Services, LLC Bank Address: 420 Montgomery St., San Francisco, CA 94104 DTC Number: 0141 Account Name: U.S. Charitable Gift Trust Account Number: 4457-7281 FFC: U.S. Legacy Income Trust FBO: Donor Name/U.S. Legacy Income Trust Account Number (if known)</p> |
| Others | |
| <p>Please contact the Administrator for additional information about contributing the following:</p> | <ul style="list-style-type: none"> ▪ Stock Certificate ▪ Stock held with a Transfer Agent ▪ Stock held in a Dividend Reinvestment Plan ▪ Restricted Publicly Traded Securities ▪ Thinly Traded Securities |

*If this is an additional contribution to an existing Trust Account, please send a completed Additional Contribution Form in lieu of the Application.

**Contributing federally tax-exempt securities, shares of funds holding federally tax-exempt securities, privately-held securities or cryptocurrency is not permitted. All contributed property must be free and clear of any liens, encumbrances or other adverse claims and must have been held by the Donor for more than one year at time of contribution. For additional information on acceptable contributions of securities, please see the Information Statement.

Letter of Authorization to Transfer Securities

Please note that the U.S. Charitable Gift Trust does not initiate the asset transfer. Complete the Letter of Authorization form only if you are not using your own transfer forms. Submit completed form to financial institution where the assets are currently held.

Instructions to the Broker-Dealer (or other custodian) holding assets: As instructed by the client, please deliver the indicated securities to U.S. Charitable Gift Trust for the applicable U.S. Legacy Income Trust. All transfers are to be made in kind.

Deliver all eligible securities/mutual funds to:

Bank Name: Wells Fargo Clearing Services, LLC.
 Bank Address: 420 Montgomery St., San Francisco, CA 94104
 DTC Number: 0141
 Account Name: U.S. Charitable Gift Trust
 FFC: U.S. Legacy Income Trust
 Account Number: 4457-7281

FBO: _____ Donor Name/U.S. Legacy Income Trust Account Number (if known) _____

| Name of Broker-Dealer (or Other Custodian) Holding Assets | Date | Daytime Phone |
|-----------------------------------------------------------|------|---------------|
|-----------------------------------------------------------|------|---------------|

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

Dear: _____ (Name of Broker-Dealer (or Other Custodian) Holding Assets)

Please accept this letter as my/our authorization to irrevocably transfer the following position(s) from my/our account, provided below to U.S. Charitable Gift Trust for the applicable U.S. Legacy Income Trust.

From: _____ (My/Our Account Number)

- | | | |
|------------------|---------------------------|------------------------------------------------------|
| 1. _____ | _____ | _____ |
| Number of Shares | Approximate Dollar Amount | Name of Security (and symbol, and/or cusip if known) |
| 2. _____ | _____ | _____ |
| Number of Shares | Approximate Dollar Amount | Name of Security (and symbol, and/or cusip if known) |
| 3. _____ | _____ | _____ |
| Number of Shares | Approximate Dollar Amount | Name of Security (and symbol, and/or cusip if known) |
| 4. _____ | _____ | _____ |
| Number of Shares | Approximate Dollar Amount | Name of Security (and symbol, and/or cusip if known) |
| 5. _____ | _____ | _____ |
| Number of Shares | Approximate Dollar Amount | Name of Security (and symbol, and/or cusip if known) |

If you are contributing shares of more than five different securities, attach a separate sheet listing the additional securities.

Note: Contributing federally tax-exempt securities, shares of funds holding federally tax-exempt securities, privately-held securities or cryptocurrency is not permitted. All contributed property must be free and clear of any liens, encumbrances or other adverse claims and must have been held by the Donor for more than one year at time of contribution. For additional information on acceptable contributions of securities, please see the Information Statement.

If I am/we are contributing securities to the Trust, I/we represent and warrant that the securities are not restricted for public sale by the Trust and are not otherwise subject to restrictions pursuant to Rule 144 under the Securities Act of 1933, as amended, or, if they are restricted or are potentially restricted, I/we have informed the Administrator of this fact and have provided the Administrator and the Trust with all information requested by them regarding such restrictions.

Sincerely,

Donor 1 Signature

Donor 1 Name (please print)

Donor 2 Signature (if applicable)

Donor 2 Name (please print)

U.S. Legacy Income Trust Account Number (if known)

If the securities being transferred are held at your firm, a Medallion Signature Guarantee may not be required. Please confirm with firm holding the securities if Medallion Signature Guarantee is needed.

Instructions for Trust Distributions

Each individual income beneficiary may direct the Administrator, Ren, to deposit Trust distributions directly into his or her bank or brokerage account, rather than a check mailed to his or her home address. 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: Trust Account Information

Name of Income Beneficiary

Email Address

Name of Second Income Beneficiary (If Joint Holders of Account Listed in Section 2)

Email Address

U.S. Legacy Income Trust Account Number (If known)

Section 2: Electronic Transfer Information

Name of Financial Institution

Routing/ABA#

City

State

Zip Code

Account Number

Name(s) Registered on the Account

Please indicate the type of account:

Bank Checking Account

Bank Savings Account

Brokerage Account via ACH

Brokerage Account via Wire (Additional fees may apply.)

Instructions for the Routing and Account Number From an Actual Check

The diagram shows a check with the following fields and labels:

- Your name** (top left)
- Your address** (top left)
- 98765** (top right)
- Pay to the Order of** (middle left)
- \$** (middle right)
- Dollars** (middle right)
- Your bank** (bottom left)
- Memo** (bottom left)
- 123456789** (bottom left, labeled **9-Digit Routing Number**)
- 12345678987654321** (bottom middle, labeled **Your Account Number**)
- 98765** (bottom right, labeled **Check Number**)

Section 3: Signature

Signature of Income Beneficiary

Date

Signature of Joint Account Holder (if applicable)

Date

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**U.S. Legacy
Income Trusts®**

Tax-advantaged income for life | Legacy of charitable giving