

Mail completed form to: NH Attorney General's Office Attn: Charitable Trusts Unit One Granite Place South Concord, NH 03301

NTITY INFORMATION Legal Name		
egal Name		
egai ivame		
NH Charitable Trusts Unit Registration Number (if applicable)		
Mailing Address	☐ check here if this is a new address	
ity	State	Zip
Vebsite Address		
ONTACT INFORMATION		
Contact Name Title		
Celephone Number Emai	il Address	
 each of the following to certify): ☐ Has a minimum of \$300,000 in unrestricted cash, cash equivassets funding the annuity agreement; ☐ Has been in continuous operation for at least 3 years or is a has been in continuous operation for at least 3 years; 	-	
☐ Issues charitable gift annuities with payout ratios no greater Annuities at the time of issuance;	than recommended by	y American Council on Gift
☐ Retains 100 percent of the contribution made in exchange for on the contribution and decreased by annuity payments and annuity is terminated; and	_	
☐ Invests contributions made in exchange for charitable gift at 564-B, general standards of prudent investment.	nnuities solely in conf	formance with article 9 of RSA
Check the applicable box: ☐ Initial notification ☐ Annual recertification NHCT-15 (September 2022) www.doi.nb.gov/char.		charitabletrustsunit@doi.nb.gov

CERTIFICATION

I hereby certify that the information above is true and correct to the best of my knowledge and belief subject to the penalty of making unsworn false statements under RSA 641:3 and RSA 641:8.

Signature of President or Chief Executive Officer (CEO)

Date

Title