

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

37-6595983

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
THE INSURANCE LINKED TRUST

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name
NATIONAL FIDUCIARY SERVICES INC, TRUSTEE

4a Mailing address (room, apt., suite no. and street, or P.O. box)
6540 LUSK BLVD, STE C238

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions)
SAN DIEGO, CA 92121

5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located
SAN DIEGO, CA

7a Name of responsible party
RINGORANG WORLDWIDE LLC

7b SSN, ITIN, or EIN
36-4802896

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? Yes No

8b If 8a is "Yes," enter the number of LLC members. ▶

8c If 8a is "Yes," was the LLC organized in the United States? Yes No

9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.

Sole proprietor (SSN) _____

Partnership _____

Corporation (enter form number to be filed) ▶ _____

Personal service corporation _____

Church or church-controlled organization _____

Other nonprofit organization (specify) ▶ _____

Other (specify) ▶ _____

Estate (SSN of decedent) _____

Plan administrator (TIN) _____

Trust (TIN of grantor) **36-4802896**

National Guard State/local government

Farmers' cooperative Federal government/military

REMIC Indian tribal governments/enterprises

Group Exemption Number (GEN) if any ▶ _____

9b If a corporation, name the state or foreign country (if applicable) where incorporated

State _____ Foreign country _____

10 Reason for applying (check only one box)

Started new business (specify type) ▶ _____

Banking purpose (specify purpose) ▶ _____

Changed type of organization (specify new type) ▶ _____

Purchased going business _____

Created a trust (specify type) ▶ **OTHER**

Created a pension plan (specify type) ▶ _____

Hired employees (Check the box and see line 13.) _____

Compliance with IRS withholding regulations _____

Other (specify) ▶ _____

11 Date business started or acquired (month, day, year). See instructions.
MAY 26, 2015

12 Closing month of accounting year **DECEMBER**

13 Highest number of employees expected in the next 12 months (enter -0- if none).
If no employees expected, skip line 14.

Agricultural	Household	Other
0	0	0

14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter.

15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). **N/A**

16 Check one box that best describes the principal activity of your business.

Construction Rental & leasing Transportation & warehousing Health care & social assistance Wholesale-agent/broker

Real estate Manufacturing Finance & insurance Accommodation & food service Wholesale-other Retail

Other (specify) **TRUST**

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
TRUST

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes No
If "Yes," write previous EIN here ▶ _____

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee

Designee's name _____ Designee's telephone number (include area code) _____

Address and ZIP code _____ Designee's fax number (include area code) _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **RANDY S. NEWMAN, PRES, NATIONAL FIDUCIARY SERVICES**

Applicant's telephone number (include area code) **(866) 535-3736**

Signature ▶ *Randy Newman* Date ▶ **5/27/15** Applicant's fax number (include area code) **(858) 630-5570**

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 1-2010)

EIN MAY 23 2015

6-2-15
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