



## CHARITABLE REMAINDER ANNUITY UNITRUST INFO FORM

### 1. Donor Information:

Name (1)

Name (2)

Residence Address

Residence Address

Mailing Address

Mailing Address

City, State, Zip

City, State, Zip

Phone Number

Phone Number

E-mail Address

E-mail Address

Social Security Number

Social Security Number

Date of Birth

Date of Birth

### 2. Identification Information:

State/Government Photo ID (check one): PLEASE ENCLOSE COPY

☐ Unexpired Drivers License

☐ Unexpired Drivers License

☐ Unexpired Passport

☐ Unexpired Passport

☐ Military ID

☐ Military ID

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Please complete for type of ID chosen above:

Please complete for type of ID chosen above:

Identification Number

Identification Number

Place of Issue

Place of Issue

Expiration Date

Expiration Date

### 3. CRAT Information:

☐ 1 Life

Payment Schedule:

Payout Percent: \_\_\_\_\_

☐ 2 Lives

☐ Monthly

1<sup>st</sup> Payment Date: \_\_\_\_\_  
(estimated)

☐ Quarterly

☐ Annually

#### **4. Funding Information:**

Estimated Amount of Gift: \_\_\_\_\_

CRAT will be funded with:

- ☐ Cash ☐ Cost Basis: \_\_\_\_\_
- ☐ Stock ☐ Acquisition Date: \_\_\_\_\_
- ☐ Real Property
- ☐ Other: \_\_\_\_\_

Description of stock/property/other gift: \_\_\_\_\_

#### **5. Lifetime Beneficiary Information:**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Date of Birth*

## 6. Remainderman Information:

Does the donor reserve the right to change remaindermen?

☐ YES

☐ NO

\_\_\_\_\_  
*Organization*

\_\_\_\_\_  
*Specific Purpose (if any)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Percent*

\_\_\_\_\_  
*Organization*

\_\_\_\_\_  
*Specific Purpose (if any)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Percent*

\_\_\_\_\_  
*Organization*

\_\_\_\_\_  
*Specific Purpose (if any)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Percent*

\_\_\_\_\_  
*Organization*

\_\_\_\_\_  
*Specific Purpose (if any)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Percent*

## 7. Additional Comments:

***For Internal Use Only:***

- ☐ Salesforce Opportunity Created
- ☐ PG Calc Illustration \_\_\_\_\_%
- ☐ Reviewed by Attorney
- ☐ Gift Acceptance Committee Approval  
Date: \_\_\_\_\_
- ☐ CRAT Required Packet Sent w/ CRAT  
(includes Privacy Policy, Disclosure, W-9 and  
Direct Deposit forms)
- ☐ Sent to Donor for Signature  
Signature Date: \_\_\_\_\_
- ☐ Signed by President/Chairman  
Signature Date: \_\_\_\_\_
- ☐ EIN: \_\_\_\_\_
- ☐ 8283 and/or Tax Letter Sent
- ☐ Copies to Internal Staff
- ☐ Funding Date: \_\_\_\_\_
- ☐ Trustee: \_\_\_\_\_

**IF PROPERTY:**

- ☐ Appraisal Received  
Date: \_\_\_\_\_  
Amount: \_\_\_\_\_
- ☐ Deed Received
- ☐ Title Work Received
- ☐ Environmental Review Complete
- ☐ New Deed Prepared
- ☐ New Deed Recorded
- ☐ Notify RE: Insurance

**IF STOCK:**

- ☐ Stock Certificate Received
  - ☐ Stock Powers Received
- OR**
- ☐ Letter of Transfer Received
  - ☐ Stock Transfer Complete

Account Type: \_\_\_\_\_

Critical Date: \_\_\_\_\_

Discretion:    Full       None

First Rate Tier:    1       2

Portfolio Management Fee: \_\_\_\_\_%

Investment Objective: \_\_\_\_\_    PRS Code: \_\_\_\_\_

Schedule #: \_\_\_\_\_

Adviser Comments: \_\_\_\_\_