



CHARITABLE REMAINDER UNITRUST INFORMATION 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. CRU Information:

☐ 1 Life

Payment Schedule:

☐ STRAIGHT

☐ 2 Lives

☐ Monthly

☐ FLIP NIM

☐ Term of Years _____

☐ Quarterly

☐ Other: _____

☐ 1 Life + Term of Years _____

☐ Annually

Payout Percent: _____

☐ 2 Lives + Term of Years _____

1st Payment Date: _____
(estimated)

FLIP Event: _____

4. Funding Information:

Estimated Amount of Gift: _____

CRU 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. Term of Years Beneficiary Information:

Name

Name

Address

Address

City, State, Zip

City, State, Zip

Social Security Number

Social Security Number

Date of Birth *Percent*

Date of Birth ***Percent***

Name

Name

Address

Address

City, State, Zip

City, State, Zip

Social Security Number

Social Security Number

Date of Birth *Percent*

Date of Birth *Percent*

- ☐ Per Stirpes* ☐ Per Capita ☐ Other: _____

* **Note: If *per stirpes* is selected above, please provide name, address, birthdate and SS# for all potential beneficiaries.**

7. 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

8. Additional Comments:

For Internal Use Only:

- ☐ Salesforce Opportunity Created
- ☐ PG Calc Illustration _____%
- ☐ Reviewed by Attorney
- ☐ Gift Acceptance Committee Approval
Date: _____
- ☐ CRU Required Packet Sent w/ CRU
(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: _____