

**PLANNED GIVING CONCEPTS, INC.**  
**TRUST INTAKE SHEET**

The purpose of this TRUST INTAKE SHEET is to supply information necessary to review and administer your *CHARITABLE REMAINDER TRUST*. Please complete the following information and send us this sheet with your executed trust agreement:

**DONOR INFORMATION:**

	Donor #1	Donor #2
Name:	_____	_____
Address:	_____	_____
City:	_____	_____
State & Zip:	_____	_____
Telephone:	_____	_____
Birthdate:	_____	_____
Soc. Sec. No.:	_____	_____

**TRUSTEE INFORMATION** *(if other than Donors and/or Beneficiaries):*

	Trustee #1	Trustee #2
Name:	_____	_____
Address:	_____	_____
City:	_____	_____
State & Zip:	_____	_____
Telephone:	_____	_____

**INCOME BENEFICIARY(IES)**

*(if other than or in addition to donors -- attach additional pages as necessary):*

Name:	_____	_____
Address:	_____	_____
City:	_____	_____
State & Zip:	_____	_____
Telephone:	_____	_____
Birthdate:	_____	_____
Soc. Sec. No.:	_____	_____

**INCOME BENEFICIARY(IES)** *(additional, if any):*

Name:	_____	_____
Address:	_____	_____
City:	_____	_____

State & Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Soc. Sec. No.: \_\_\_\_\_

**SPECIAL INDEPENDENT TRUSTEE INFORMATION:**

	Trustee #1	Trustee #2
Name:	_____	_____
Address:	_____	_____
City:	_____	_____
State & Zip:	_____	_____
Telephone:	_____	_____
FAX:	_____	_____

**INVESTMENT ADVISOR INFORMATION:**

Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

**ASSET CONTRIBUTION INFORMATION:**

\_\_\_\_\_ Cash contribution \$\_\_\_\_\_. Date of Contribution to CRT: \_\_\_\_\_

\_\_\_\_\_ Real Estate (Attach Property Data Sheet). Date of Contrib. to CRT: \_\_\_\_\_

\_\_\_\_\_ Securities (Attached Cost Basis Information Sheet).

If there was a previous trust administrator have the Trustees removed such Administrator by written instrument?  
\_\_\_\_ Yes \_\_\_\_ No. If so, when? \_\_\_\_\_.

Please direct the previous administrator to send all information relating to the trust to PLANNING GIVING CONCEPTS. Has this been done? \_\_\_\_ Yes \_\_\_\_ No

Previous Trust Administrator:

Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Has the EIN been applied for? \_\_\_\_ Yes \_\_\_\_ No EIN: \_\_\_\_\_  
If Yes, please provide a copy of your completed SS-4 if available.

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

\_\_\_\_\_  
Donor signature

\_\_\_\_\_  
Donor signature

Attorney: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_