

**CHARITABLE REMAINDER TRUST
QUESTIONNAIRE**

CLIENT INFORMATION

Client's Name _____ Date of Birth ____/____/____ SS# _____

Spouse's Name _____ Date of Birth ____/____/____ SS# _____

Address _____

City _____ County _____ State _____ Zip _____

Home Phone() _____ Best time to call _____

Work Phone () _____ Best time to call _____

E-Mail Address _____

Client's current income tax bracket _____%

ASSET INFORMATION

ASSET TYPE:

- Publicly Traded Securities Closely Held Stock Real Property
- Tangible Personal Property Intangible Property Cash

DESCRIBE:

Is this asset encumbered with debt? If so, how much and what are the terms? _____

Asset's basis _____ Asset's fair market value _____

Asset's present rate of return _____% Asset's growth rate _____

CHARITABLE REMAINDER TRUST QUESTIONNAIRE

CHARITABLE TRUST RECIPIENTS

When the trust terminates, the remaining assets will be distributed to a charity. The charity that will receive the assets can be changed anytime during your life. What charity do you initially want to receive the assets in the trust? (You can distribute the assets to more than one charity.)

Name of Charity: _____

Address: _____

Name of Charity: _____

Address: _____

TRUST INCOME BENEFICIARIES (OTHER THAN SPOUSE)

Note: If naming someone other than spouse, gift tax may apply.

Name	Sex	Date of Birth	Relation to Donor
_____	M F	_____	_____
_____	M F	_____	_____
_____	M F	_____	_____

INVESTMENT OBJECTIVES

Total expected rate of return _____% Asset's present rate of return _____%

Total expected growth _____%

How often do you wish to receive payments from the trust?

- Monthly
 Quarterly
 Semi-Annually
 Annually

What percent of assets do you wish to be paid out annually?

- Maximum allowed by law OR _____%

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TRUSTEE INFORMATION

Whom do you wish to be Trustee of the trust? _____

Trustee's Address: _____

City _____ County _____ State _____ Zip Code _____

In the event you or your spouse is unable to serve as the trustee of this trust, whom would you like to serve in your place?

Successor Trustee of the trust? _____

Successor Trustee's Address: _____

City _____ County _____ State _____ Zip Code _____