

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: _____