



CHARITABLE REMAINDER TRUST APPLICATION

(Minimum funding amount: \$150,000.00 US)

Name of donor: _____ DOB: _____
Phone: _____ E-mail address: _____
Mailing address: _____

Beneficiary: _____ DOB: _____
Phone: _____ E-mail address: _____
Mailing address: _____

Type of Asset: ___ Cash
 ___ Publicly traded stock
 ___ Closely held stock
 ___ Real property
 ___ Other – specify: _____

Anticipated funding amount: _____

Are the assets held in trust: ___ yes ___ no

If closely held, type of corporate entity: ___ S-corp ___ C-corp ___ LLC ___ Partnership

If closely held, real property, is there debt (leveraged, mortgage) ___ yes ___ no
If yes, describe:

*If real property, please include a copy of the deed of record.

If closely held, is there a Buy/sell agreement: ___ yes ___ no

Attorney Name
 E-mail Phone FAX
 Address



Accountant	Name		
	E-mail	Phone	FAX
	Address		

Qualified appraisal [Describe & when required]

- Purpose of Gift
- Gift to TMC
 - Current income
 - Retirement supplement
 - Income/remainder gift to grow

[Describe TMC/CSTGE Disclosures that we will provide:]

- T'ee/investments/fees/Kaspick & Co.

No other goods or services were provided in consideration for this contribution.

PLEASE REVIEW THESE FIGURES WITH YOUR TAX COUNSEL.

Signature _____ Date _____