

AMERIESTATE – Charitable Remainder Trust Application

TRUST NAME: _____ Trust

The name you choose will be the legal name for your Trust. Your property and some financial accounts will be held in this name. You may use whatever name you prefer. Most clients use the following format: *The Jones Family Charitable Trust*

CLIENT PERSONAL INFORMATION

Male Name	Female Name		
Address	Home Phone ()	Work Phone ()	
City, State, Zip	County of Residence		

Client (Male)

Client (Female)

Date of Birth / /	Date of Birth / /
Soc. Sec. # - -	Soc. Sec. # - -
U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Previously Divorced	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Previously Divorced

CHARITABLE INSTITUTIONS

Please identify all IRS qualified charities you wish to bestow with a present or future gift.

Full Name of Charity	Address of Charity	Percentage of Gift

ORIGINAL TRUSTEE

Generally you and/or your spouse may serve as the Trustee(s). If so, check both the *Client to Serve* and *Spouse to Serve* boxes. If the client does not wish to serve as Trustee, it is recommended that you appoint a professional trustee such as a Bank Trust department.

<input type="checkbox"/> Client to serve as an Original Trustee	and/or	<input type="checkbox"/> Spouse to serve as an Original Trustee
<input type="checkbox"/> Professional or Other Trustee Named Below: (If other than the original client and/or spouse)		
Name: _____	Address: _____	
_____	_____	

SUCCESSOR TRUSTEE

At the time that the Original Trustee(s) cease to serve as Trustee, please nominate your choices in order for Successor Trustee. You May name one or more of your children, for example, or a professional Trustee such as a Bank Trust department.

1 st Successor Trustee: _____	Address: _____
_____	_____
2 nd Successor Trustee: _____	Address: _____
_____	_____
3 rd Successor Trustee: _____	Address: _____
_____	_____

CHILDREN

Please identify all children, living and deceased. Using the "Parent Codes" below, identify whether the children were Natural Born or Adopted.

Full Name	Date of Birth	Parent Code <small>Circle all that Apply</small>	% of Estate
		B H W AH AW DC DN	
		B H W AH AW DC DN	
		B H W AH AW DC DN	
		B H W AH AW DC DN	
		B H W AH AW DC DN	
		B H W AH AW DC DN	
		B H W AH AW DC DN	
		B H W AH AW DC DN	

Parent Codes: **B** = Natural Child of Both Spouses ♦ **H** = Natural Child of Husband ♦ **W** = Natural Child of Wife ♦ **AH** = Adopted by Husband
AW = Adopted by Wife ♦ **DC** = Deceased with Children ♦ **DN** = Deceased with No Children

CPA / TAX ADVISOR

Please list the Name, Address, and Phone number of your CPA or Accountant

Name: _____	Phone #: (____) _____ - _____
Address: _____ _____	fax #: (____) _____ - _____
<input type="checkbox"/> Please Check here if you do not have a CPA and need a recommendation.	

INCOME REQUIREMENTS

You may receive the benefit of an income stream as a condition of your charitable gift. There are certain IRS guidelines on the amount, manner and timing of any income stream received in return for your charitable gift. As a result, your provider attorney will calculate the minimum and maximum amount of any such distributions. In addition, there are certain current tax deductions available to a Charitable Donor. As such you should consult your CPA or other tax advisor in connection with any charitable gifts.

Please indicate below if you have a particular desire to either maximize the income available to you or to receive the minimum amount allowable.

- I/We are interested in Maximizing the income available from my/our Charitable gift.
- I/We are interested in Minimizing the income available from my/our Charitable gift.

AMOUNT OF GIFT

Please indicate the total amount of the gift you wish to make to ALL Charities listed on page 1.

\$ _____

What Type of Assets do you intend to use for the Gift?

- Cash (from savings)
- Real Estate (please list address: _____)
- Stocks
- Mutual Funds
- Other (please identify: _____)

Do you anticipate that you might want to make BOTH present and future gifts to this Charitable Trust? (Y/N) _____

Provisions for NIMCRUTS (Net Income Makeup Charitable Remainder Unitrusts): Will the assets transferred initially to the Trust be of a nature that NO or Very Limited Income will be produced or available? (Y / N) _____

Example: Real Property or Land that produces no income and sale of said asset is not anticipated in next 12 months >

QUESTIONS FOR ATTORNEY

CLIENT AUTHORIZATION

I/We the undersigned wish to create a Charitable Remainder Trust. The information contained in this application is accurate and correct to the best of our knowledge and accurately reflects our wishes with regard to my/our Charitable Bequest.

I/We understand that the preparation of my/our Charitable Remainder Trust is done as a function of my/our membership in the AmeriEstate Legal Plan. I/We also understand that I/we will conduct a telephone consultation regarding my/our Charitable Remainder Trust by the office of a licensed attorney and all documents will be prepared under the direction of said Attorney.

I/We understand that the services of a CPA will be required on an annual basis as part of the administration of any Charitable Trust created hereunder. Client assumes full responsibility for payment of any CPA or tax preparation fees incurred in connection with the administration of the Trust.

I/We understand that in connection with the annual administration of the Trust, additional attorney fees may be incurred and that any such fees shall be discounted at a rate of 25% off of the normal and customary fees charged by the provider attorney.

_____ CLIENT NAME (PRINT)	_____ CLIENT SIGNATURE	_____ DATE
_____ CLIENT NAME (PRINT)	_____ CLIENT SIGNATURE	_____ DATE
_____ AGENT NAME (PRINT)	_____ AGENT SIGNATURE	_____ DATE

**LISTING OF ASSETS TO BE
USED IN FUNDING THE
CHARITABLE TRUST**

REAL ESTATE:

Please provide the following information.

For Type list **C**=Commercial **SFR**=Single Family Residence **APT**= Apartment Units (& list # of Units) **L**=Raw Land

Address	Type (from Code)	Market Value	Cost Basis	Existing Mortgages

BANK ACCOUNTS:

Please provide complete information

Name of Bank / Credit Union			
Address		City, State, Zip	
Account Type / YES NO	Qualified Retirement Funds ?	Account Number	Account Balance \$
Account Type / YES NO	Qualified Retirement Funds ?	Account Number	Account Balance \$
Account Type / YES NO	Qualified Retirement Funds ?	Account Number	Account Balance \$
Account Type / YES NO	Qualified Retirement Funds ?	Account Number	Account Balance \$

Name of Bank / Credit Union			
Address		City, State, Zip	
Account Type / YES NO	Qualified Retirement Funds ?	Account Number	Account Balance \$
Account Type / YES NO	Qualified Retirement Funds ?	Account Number	Account Balance \$
Account Type / YES NO	Qualified Retirement Funds ?	Account Number	Account Balance \$
Account Type / YES NO	Qualified Retirement Funds ?	Account Number	Account Balance \$

BROKERAGE ACCOUNTS:

Name of Brokerage			
Address		City, State, Zip	
Account Type	Qualified Retirement Funds ? / YES NO	Account Number	Account Balance \$
Account Type	Qualified Retirement Funds ? / YES NO	Account Number	Account Balance \$
Account Type	Qualified Retirement Funds ? / YES NO	Account Number	Account Balance \$
Account Type	Qualified Retirement Funds ? / YES NO	Account Number	Account Balance \$

Name of Brokerage			
Address		City, State, Zip	
Account Type	Qualified Retirement Funds ? / YES NO	Account Number	Account Balance \$
Account Type	Qualified Retirement Funds ? / YES NO	Account Number	Account Balance \$
Account Type	Qualified Retirement Funds ? / YES NO	Account Number	Account Balance \$

MUTUAL FUNDS:

Name of Mutual Fund Company			
Address		City, State, Zip	
Fund Name	Qualified Retirement Funds ? / YES NO	Account Number	Account Balance \$
Fund Name	Qualified Retirement Funds ? / YES NO	Account Number	Account Balance \$

Name of Mutual Fund Company			
Address		City, State, Zip	
Fund Name	Qualified Retirement Funds ? / YES NO	Account Number	Account Balance \$
Fund Name	Qualified Retirement Funds ? / YES NO	Account Number	Account Balance \$

Name of Mutual Fund Company			
Address		City, State, Zip	
Fund Name	Qualified Retirement Funds ? / YES NO	Account Number	Account Balance \$
Fund Name	Qualified Retirement Funds ? / YES NO	Account Number	Account Balance \$

INDIVIDUAL STOCKS/BONDS HELD:

Name of Stock & in Whose Name Held	CUSIP # or Account #	Number of Shares Held
Name of Stock & in Whose Name Held	CUSIP # or Account #	Number of Shares Held
Name of Stock & in Whose Name Held	CUSIP # or Account #	Number of Shares Held
Name of Stock & in Whose Name Held	CUSIP # or Account #	Number of Shares Held
Name of Stock & in Whose Name Held	CUSIP # or Account #	Number of Shares Held
Name of Stock & in Whose Name Held	CUSIP # or Account #	Number of Shares Held
Name of Stock & in Whose Name Held	CUSIP # or Account #	Number of Shares Held
Name of Stock & in Whose Name Held	CUSIP # or Account #	Number of Shares Held

LIFE INSURANCE AND ANNUITIES:

Name of Insurance Company	Type of Policy	Qualified Retirement Funds? YES NO	Policy Face Amount /	Cash Value
Name of Insurance Company	Type of Policy	Qualified Retirement Funds? YES NO	Policy Face Amount /	Cash Value
Name of Insurance Company	Type of Policy	Qualified Retirement Funds? YES NO	Policy Face Amount /	Cash Value
Name of Insurance Company	Type of Policy	Qualified Retirement Funds? YES NO	Policy Face Amount /	Cash Value
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