

Charitable Lead Trust Illustration Request

For use in planning a Charitable Lead Trust case

Advisor Information:

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Preferred Method of Receiving Illustration: Fax _____ Email _____

Scenario Assumptions:

Client #1: Male Female Date of Birth: _____

Client #2: Male Female Date of Birth: _____

Date of Gift: _____ Lifetime or Term of _____ Yrs Trust?

Value of Gift: \$ _____

Type of CLT: CLAT – Grantor CLAT – Nongrantor

 CLUT – Grantor CLUT - Nongrantor

Pay-Out Rate: _____%

Pay-Out Frequency: Monthly Quarterly Semi-Annual Annual

Upon completion of this form, please fax to (972) 238.5865.

Lair Administration Services, L.L.C.
1701 N. Collins Blvd., Suite 220
Richardson, TX 75080

Phone 972.238.5770
Toll-free 877.238.5770
Fax 972.238.5865