

Charitable Remainder Trust Illustration Request

For use in planning a Charitable Remainder 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: _____

Client's AGI: _____ Lifetime or Term of _____ Yrs Trust?

Date of Gift: _____ Description of Gift: _____

Cost Basis of Gift: \$ _____ Value of Gift: \$ _____

Type of CRT: CRAT CRUT NIMCRUT

Pay-Out Rate: _____% (Must be at least 5% minimum)

Pay-Out Frequency: Monthly Quarterly Semi-Annual Annual

Investment Annual Rate of Return: _____%

Of the above investment annual rate of return %, how much will be:

Ordinary income _____%

L-T Capital Gain _____%

Growth _____%

If NIMCRUT, deferring pay-out? Yes No How many years? _____

Charitable Remainderman will be: Public Charity Private Foundation

Upon completion of this form, please fax to (972) 238-5865.

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