

CRT TRUST DATA

Name of Trust: _____

Date of Trust: _____

Trust Tax ID#: _____

Trustee(s):

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Independent Special Trustee (if applicable):

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Income Beneficiary:

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Date of Birth: _____ Social Security #: _____

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Date of Birth: _____ Social Security #: _____

(Add additional sheet(s) if necessary)

Type of Trust: *(check applicable type)*

Charitable Remainder Annuity Trust (CRAT) _____

Charitable Remainder Unitrust (CRUT) _____

Net Income w/ Makeup Charitable Remainder Unitrust (NIMCRUT) _____

Net Income Charitable Remainder Unitrust (NICRUT) _____

Income Pay-Out Rate: _____%

Income Pay-Out Frequency: Monthly Quarterly Semi-Annual Annual
(Circle applicable frequency)

Term of Trust: *(check applicable term)*

Lifetime(s) _____

Term of _____ years _____

Custodial Account(s):

(1) Name of Institution: _____

Account #: _____

Are Fees/Distributions paid from this account? *(Circle one)* YES NO

(2) Name of Institution: _____

Account #: _____

Are Fees/Distributions paid from this account? *(Circle one)* YES NO

(3) Name of Institution: _____

Account #: _____

Are Fees/Distributions paid from this account? *(Circle one)* YES NO

(4) Name of Institution: _____

Account #: _____

Are Fees/Distributions paid from this account? *(Circle one)* YES NO

(Add additional sheet(s) if necessary)

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