

# 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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