



ADMINISTRATION SETUP FORM

Basic Trust Information

Name of Trust or Foundation		Date of Trust	
Tax ID #			
This is a <input type="checkbox"/> Charitable Remainder Trust		Or a <input type="checkbox"/> Charitable Lead Trust	Or a <input type="checkbox"/> Private Foundation
Trust Type <input type="checkbox"/> CRAT <input type="checkbox"/> SCRUT <input type="checkbox"/> NIMCRUT <input type="checkbox"/> NIOCRUT Payout % _____	Distribution Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	Trust Type <input type="checkbox"/> CLAT - Grantor <input type="checkbox"/> CLAT - Non Grantor <input type="checkbox"/> CLUT - Grantor <input type="checkbox"/> CLUT - Non Grantor Payout % _____	

Advisor Information

Advisor Name		Phone	
Name of Firm		Fax	
Address	City/State		Zip Code
Email Address			
Assistant	Email Address		Phone

Checklist

- Administration Agreement completed (separate form)
- Donor / Trustee / Beneficiary information completed (this form)
- Contribution information completed (this form)
- Trust Account information completed (this form)
- Copies of the most recent bank statements, investment account statements, and any other asset statements or valuation appraisals that represent the totality of the Trust's current assets.
- Initial payment enclosed or Please request fees as specified on the Trust Accounts page



Donors / Trustees / Beneficiaries

Name	Email Address	Check all boxes that apply
		<input type="checkbox"/> Grantor / Donor
Mailing Address	City/State	Zip Code
		<input type="checkbox"/> Trustee
Date of Birth	Social Security Number	Phone Number
/ /		<input type="checkbox"/> Income Beneficiary
		<input type="checkbox"/> Remainder Beneficiary
		<input type="checkbox"/> Independent Trustee
		<input type="checkbox"/> Address of Record

Name	Email Address	Check all boxes that apply
		<input type="checkbox"/> Grantor / Donor
Mailing Address	City/State	Zip Code
		<input type="checkbox"/> Trustee
Date of Birth	Social Security Number	Phone Number
/ /		<input type="checkbox"/> Income Beneficiary
		<input type="checkbox"/> Remainder Beneficiary
		<input type="checkbox"/> Independent Trustee
		<input type="checkbox"/> Address of Record

Name	Email Address	Check all boxes that apply
		<input type="checkbox"/> Grantor / Donor
Mailing Address	City/State	Zip Code
		<input type="checkbox"/> Trustee
Date of Birth	Social Security Number	Phone Number
/ /		<input type="checkbox"/> Income Beneficiary
		<input type="checkbox"/> Remainder Beneficiary
		<input type="checkbox"/> Independent Trustee
		<input type="checkbox"/> Address of Record

Name	Email Address	Check all boxes that apply
		<input type="checkbox"/> Grantor / Donor
Mailing Address	City/State	Zip Code
		<input type="checkbox"/> Trustee
Date of Birth	Social Security Number	Phone Number
/ /		<input type="checkbox"/> Income Beneficiary
		<input type="checkbox"/> Remainder Beneficiary
		<input type="checkbox"/> Independent Trustee
		<input type="checkbox"/> Address of Record

Name	Email Address	Check all boxes that apply
		<input type="checkbox"/> Grantor / Donor
Mailing Address	City/State	Zip Code
		<input type="checkbox"/> Trustee
Date of Birth	Social Security Number	Phone Number
/ /		<input type="checkbox"/> Income Beneficiary
		<input type="checkbox"/> Remainder Beneficiary
		<input type="checkbox"/> Independent Trustee
		<input type="checkbox"/> Address of Record

Name	Email Address	Check all boxes that apply
		<input type="checkbox"/> Grantor / Donor
Mailing Address	City/State	Zip Code
		<input type="checkbox"/> Trustee
Date of Birth	Social Security Number	Phone Number
/ /		<input type="checkbox"/> Income Beneficiary
		<input type="checkbox"/> Remainder Beneficiary
		<input type="checkbox"/> Independent Trustee
		<input type="checkbox"/> Address of Record

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Trust Accounts

Name of Institution	Account Number	Check all boxes that apply
Mailing Address	City/State	Zip Code
Contact Name	Phone Number	Fax
		<input type="checkbox"/> Use for Distributions <input type="checkbox"/> Use for Admin Fees Special Instructions:

Name of Institution	Account Number	Check all boxes that apply
Mailing Address	City/State	Zip Code
Contact Name	Phone Number	Fax
		<input type="checkbox"/> Use for Distributions <input type="checkbox"/> Use for Admin Fees Special Instructions:

Name of Institution	Account Number	Check all boxes that apply
Mailing Address	City/State	Zip Code
Contact Name	Phone Number	Fax
		<input type="checkbox"/> Use for Distributions <input type="checkbox"/> Use for Admin Fees Special Instructions:

Name of Institution	Account Number	Check all boxes that apply
Mailing Address	City/State	Zip Code
Contact Name	Phone Number	Fax
		<input type="checkbox"/> Use for Distributions <input type="checkbox"/> Use for Admin Fees Special Instructions:

Name of Institution	Account Number	Check all boxes that apply
Mailing Address	City/State	Zip Code
Contact Name	Phone Number	Fax
		<input type="checkbox"/> Use for Distributions <input type="checkbox"/> Use for Admin Fees Special Instructions:

Please provide information on all accounts that have been established, or will be established, for the Trust and indicate if an account will be used for the payments of beneficiary distributions and administration fees.

Additional Notes: _____

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Trust Contributions

Cash

1. Bank or Institution	Date of Contribution	Account Number	Amount
			\$
2. Bank or Institution	Date of Contribution	Account Number	Amount
			\$

Stocks, Bonds or Mutual Funds (Publicly Traded)

Name of Custodian	Account Number	
Mailing Address	City/State	Zip Code
Contact Name	Phone Number	Fax

Name of Security	Symbol	# of Shares	Contribution Date	Acquisition Date	Cost Basis	Fair Market Value

Other Assets

Description (i.e. property address, company name / # shares, partnership name / ownership % etc.)	<input type="checkbox"/> Real Estate <input type="checkbox"/> Closely-Held Stock <input type="checkbox"/> Limited Partnership Interest <input type="checkbox"/> Other (describe)

Contribution Date	Acquisition Date	How Acquired?	Fair Market Value

Has the asset been appraised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adjusted Cost Basis on Contribution Date	\$ _____
Copy of qualified appraisal attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accumulated Depreciation on Contribution Date	\$ _____
Is the asset encumbered by debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accumulated Depreciation Subject to Recapture	\$ _____

I (We) certify that the information included herein is true and correct to the best of my (our) knowledge and belief

<i>X</i> _____ Signature of Donor or Trustee	Date	<i>X</i> _____ Signature of Donor or Trustee	Date
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