



Charitable Remainder Trust Application

A. Donor Information

Donor Name: _____ Title (Mr., Mrs.): _____

Date of Birth: _____ Social Security #: _____

Street Address: _____ City, State: _____

9-Digit Zip Code: _____ Email: _____

Phone: _____ Home Congregation: _____

Is this person a U.S. citizen? ___ Yes ___ No

Does Donor have a spouse? ___ Yes ___ No

Will Spouse also sign the trust as a Donor? ___ Yes ___ No

Spouse Name: _____

Title (Mr., Mrs.) _____ Date of Birth: _____ Social Security#: _____

B. Trust Information

Date Information Statement and Fee Schedule given to Donor (s): _____

Bible Verse to begin Agreement (Select One): _____ 2 Corinthians 8:7 _____ Other: _____ No Verse: _____

Trust Type (Select One):

- _____ Annuity Trust (fixed payment)
- _____ Straight Pay (variable payment)
- _____ Flip Trust (net income 'flip' straight pay)
- _____ Testamentary Straight Pay

Triggering Event Provisions

This section is to be completed for Flip Trusts only.

The “Triggering Event” is that event which will terminate the Initial Period at the close of the taxable year in which the Triggering Event occurs.

What is the triggering event?

- a) The sale or exchange (in whole or in part) of the Unmarketable Assets contributed hereto and described in detail on Schedule A.
- b) Date specific:
- c) **Other:** Please draft special language in a separate exhibit and attach to this form.

Time of substantial funding (Select one):
 At death of Donor (only one Donor)
 At death of surviving Donor
 At death of first Donor to die
 At death of specific Donor (name): _____

Funding will come from (Select all that apply):
 Cash from Will or Living Trust
 Cash from Contractual Death Benefit
 Real estate for Foundation to sell
 Other (describe): _____

Who currently holds legal title to the funding asset? _____

Estimated total value of funding: \$ _____

Estimated value is greater than 1/2 of the Donor’s total estate: Yes No

Donor Name: _____

C.I. Payment Information

Payment Percent _____% Payment Frequency: Annual Semi-annual Quarterly Monthly

Order of Payments after substantial funding (*please attach a completed ‘Schedule of Trust Recipients’*):

- Children, then Ministry
- Children, then Grandchildren, then Ministry
- Children, then Surviving children, then Ministry
- Children, then Grandchildren, then Surviving Children, then Ministry
- Other (Attach explanation)

Grandchildren should be Specifically named Named as a class NA

Do the Donors have children other than those included above: Yes No NA

Have the Donors discussed this plan with their children? All Some None NA

How long is the trust to last after substantial funding? Years Life

Recipient Distribution Termination Rules

Unitrust or Annuity amount distributions to recipients shall (choose one):

Terminate with the distribution date next preceding a current recipient’s date of death (or other event terminating the recipient’s interest). [See Treas. Reg. 1.664-2(a)(5) and 1.664-3(a)(b)]

C. II. Choice of State Law

The trust shall incorporate by reference the default "principal and income" laws of the State of Illinois.

Please indicate the state in which the document will be signed: _____

C. III. Powers granted to *Current Income Beneficiaries*

Right to remove PRIMARY Trustee(s) with or without cause: ____ Include ____ Exclude

NOTE: See Rev. Rul. 95-58, 1995-2CB191.

Additional Contributions to Unitrusts

Provisions permitting additional contributions of both an *inter vivos* and testamentary nature will be included in a unitrust unless special instructions to the contrary are specified in this document.

Initial: _____

Right to remove Primary Trustee(s) with or without cause: ____ Include ____ Exclude

C. IV. Final Charitable Distribution upon trust termination.

At least 55% of the final Charitable Distribution will go into a Donor Advised Endowment Fund

_____ % to Lutheran Legacy Foundation – Donor Advised Endowment Fund

- Donor Advised Endowment Fund Application needs to be submitted with this CRT application.

(The ministries we want to benefit at this time. Must total 100%. These can only be changed by Letter of Direction by Donor or named advisors that were named by donor.)

_____ % to: _____
 _____ % to: _____
 _____ % to: _____
 _____ % to: _____

The balance of the Charitable Distribution from the Charitable Remainder Trust, to be paid outright to the following ministries.

_____ % to: _____
 _____ % to: _____
 _____ % to: _____
 _____ % to: _____

(Total to Lutheran Legacy Foundation – Donor Advised Endowment Fund and outright distribution to ministry must equal 100%.)

C. V. Descriptions of Property to be donated

A blank Schedule "A" to the trust document will be provided with your order. It is the responsibility of the Donor's attorney to complete this schedule with a description of the property used to fund the trust.

Initial: _____

Advisor Information

Donors will consult the following for advice on this transaction:

Title (attorney, etc.): _____ Name: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____

Title (accountant, etc.): _____ Name: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____

Gift Planning Counselor: _____ Date Sent: _____

Property Contributions

Please check or describe the general nature and approximate value of each type of property that is likely to be contributed to this trust within the time frames indicated.

Renaissance Administration LLC will need accurate cost basis information for each asset contributed upon submission for administration.

Initial Trust Contributions

Anticipated Additional Unitrust Contributions

(within next 3 years)

Asset Type	Value	Asset Type	Value
<input type="checkbox"/> Cash		<input type="checkbox"/> Cash	
<input type="checkbox"/> Unrestricted Publicly Traded Stock		<input type="checkbox"/> Unrestricted Publicly Traded Stock	
<input type="checkbox"/> Restricted Publicly Traded Stock		<input type="checkbox"/> Restricted Publicly Traded Stock	
<input type="checkbox"/> Close Corporation S-Stock		<input type="checkbox"/> Close Corporation S-Stock	
<input type="checkbox"/> Close Corporation C-Stock		<input type="checkbox"/> Close Corporation C-Stock	
<input type="checkbox"/> Real Estate (see I3 below)		<input type="checkbox"/> Real Estate (see I3 below)	
<input type="checkbox"/> Bond/CD		<input type="checkbox"/> Bond/CD	
<input type="checkbox"/> Note		<input type="checkbox"/> Note	
<input type="checkbox"/> Annuities (existing policies)		<input type="checkbox"/> Annuities (existing policies)	
<input type="checkbox"/> Life Insurance(existing policies)		<input type="checkbox"/> Life Insurance(existing policies)	
<input type="checkbox"/> Tangible Personal Property		<input type="checkbox"/> Tangible Personal Property	
<input type="checkbox"/> LLC Interest		<input type="checkbox"/> LLC Interest	
<input type="checkbox"/> Partnership Interest		<input type="checkbox"/> Partnership Interest	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
TOTAL: _____		TOTAL: _____	

Schedule of Trust Recipients

Trust Donor: _____ Donor's Spouse (if applicable): _____ Date: _____

	Trust Recipients' Names <i>(Contingent recipients, if applicable, are listed below each principal recipient)</i>	Address	Birthdate	S.S. No.	Relationship to Donor
1					
	1a				
	1b				
	1c				
	1d				
2					
	2a				
	2b				
	2c				
	2d				
3					
	3a				
	3b				
	3c				
	3d				
4					
	4a				
	4b				
	4c				
	4d				

(Check One:) _____ See attachment for additional Recipient names. _____ There are no additional Recipient names.