

trust information request form



Donor/Grantor

Title _____ Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth ____/____/____ Gender M F

Spouse

Title _____ Name _____

Email _____

Date of Birth ____/____/____ Gender M F

Gift Plan

I would like to explore gifts that provide income to me and/or my beneficiaries.
Specifically, I am interested in the following gift plans:

Charitable Remainder Unitrust Charitable Remainder Annuity Trust Charitable Lead Trust

Funding Asset

I would like to explore making a gift of:

Appreciated Securities Real Estate Cash or other Tangible Personal Property

Proposed Gift Amount: \$ _____

Term of the Trust

One Life Two Life 3 to 8 Lives (Unitrust Only) Term of Years: _____ (Less than 20 years)

Payment Percentage and Frequency

Percentage: _____% (must be greater than 5%)

Frequency: Annual Semi-Annual Quarterly

Other Trust Beneficiaries (If up to 8 beneficiaries, please provide an additional sheet.)

#1 Name _____ Gender M F Date of Birth ____/____/____

#2 Name _____ Gender M F Date of Birth ____/____/____

#3 Name _____ Gender M F Date of Birth ____/____/____

Please send my personal trust proposal by: Regular Mail Email

Please return this form to:
Heifer Foundation
P.O. Box 727, Little Rock, AR 72203
Tel: (888) 422-1161, Fax: (501) 907-4902
e-mail: info@heiferfoundation.org
www.heiferfoundation.org

