FOUNDATION FOR THE CAROLINAS

Charitable Trust Data Sheet

Name of Trust:	Trust Tax ID #:
	BNY Mellon Acct. #:
	FFTC Fund #:
Trustee: Foundation For The Carolinas	
Donor(s):	
Home Address:	
Phone: (Home) (Work) (Mobile)	

Type of Agreement:

- ☐ Standard Unitrust
- ☐ Pooled Income Fund
- ☐ Flip
- ☐ Net Income Unitrust
- ☐ Annuity Trust
- ☐ Other _____
- ☐ Net-Plus-Makeup Unitrust
- ☐ Lead Trust (Annuity Unitrust)

Gift Information:

Date of Gift:
Market Value:
Description of Property:
Donor's Cost Basis:
Donor's Date of Acquisition:

Beneficiary Information: ☐ **X if Co-beneficiaries – fill in percentages below***

First Income Beneficiary:	**Second Income Beneficiary:**
Name:	Name:
Address:	Address:
Phone:	Phone:
Social Security Number:	Social Security Number:
Birthdate: Gender: ____F ____M	Birthdate: Gender: ____F ____M
Relationship to Donor:	Relationship to Donor:
Payment Method: *Check* or *Direct Deposit* (request addl. Form)	Payment Method: *Check* or *Direct Deposit* (request addl. Form)
*Co-beneficiary percent:	*Co-beneficiary percent:
Third Income Beneficiary:	**Forth Income Beneficiary:**
Name:	Name:
Address:	Address:
Phone:	Phone:
Social Security Number:	Social Security Number:
Birthdate: Gender: ____F ____M	Birthdate: Gender: ____F ____M
Relationship to Donor:	Relationship to Donor:
Payment Method: *Check* or *Direct Deposit* (request addl. Form)	Payment Method: *Check* or *Direct Deposit* (request addl. Form)
*Co-beneficiary percent:	*Co-beneficiary percent:

If more space is needed for income beneficiaries, please attach additional pages.

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Charitable Trust Data Sheet - page2

Administrative Information:

Name of Trust:
Payment amount or percentage:
Payment schedule:
First payment Date:
Valuation Date(s):

Charitable Remainder Interest Information: Please fill in the name(s) of the nonprofit organizations(s) and percentage of the annual spendable amount to be distributed to each from your Gift Fund.

Name of FFTC Gift Fund:

Charitable Beneficiary:	**Charitable Beneficiary:**
Organization:	Organization:
Contact:	Contact:
Address:	Address:
Phone:	Phone:
% of Annual Spendable:	% of Annual Spendable:
Charitable Beneficiary:	**Charitable Beneficiary:**
Organization:	Organization:
Contact:	Contact:
Address:	Address:
Phone:	Phone:
% of Annual Spendable:	% of Annual Spendable:

If more space is needed for charitable beneficiaries, please attach additional pages.

Special notes or requests:

Signature(s)
I (we) understand as set forth in the Charitable giving Guide that all Gift Funds and Trusts are subject to the policies of Foundation For The Carolinas and that the information set forth in this document is true and accurate to the best of my (our) knowledge.

Donor 1 Signature Date Donor 2 Signature Date

Date:	Filed by:	Reviewed by BNY Mellon:

Mail or fax signed, completed form to: Foundation For The Carolinas, Attention Karen Hurd, 220 North Tryon Street, Charlotte, NC 28202 - Phone: 704.973.4518 Toll Free: 800.973.7244 Fax: 704-973-4918