

L1002

Charitable Remainder Trust - Request for a Present Value Calculation to Issue a Tax Receipt for Charitable Donation Purposes

Note: This is an interactive form. Please save this form to a local drive prior to entering your information.

| Trust Information | | | | | |
|--|---|------------------|--|-----|-----|
| First Name | | | Last Name | | |
| Gender | | Connected Member | | SIN | |
| Date of Birth | Year | | Month | | Day |
| Amount Settled | | | | | |
| Date Settled | Year | | Month | | Day |
| Duration of Trust | <input type="checkbox"/> Single Life Only | | <input type="checkbox"/> Joint Life ⁽¹⁾ | | |
| <i>⁽¹⁾ If Joint Life is selected, please provide the following information:</i> | | | | | |
| Name of Joint Life | | | | | |
| Gender of Joint Life | | | | | |
| Date of Birth of Joint Life | Year | | Month | | Day |

| Account Information | |
|---|--|
| Initial Account Set-Up Fee, If Any (\$) | |
| Capital Distribution Fee, If Any (%) | |

| Request Made By | | | | | |
|--------------------------------|------|-------------------|-------|--|-----|
| Organization Name | | | | | |
| Contact First Name | | Contact Last Name | | | |
| Telephone | | Fax | | | |
| Email Address | | | | | |
| Date of Request | Year | | Month | | Day |
| Report Deadline ⁽²⁾ | Year | | Month | | Day |

⁽²⁾ The service standard at Westcoast Actuaries Inc. for delivery of the report on Charitable Remainder Trust is within ten (10) business days of our receipt of the request. If you require the report sooner than our service standard, please indicate on the last line (Report Deadline) and although not a guarantee, we will try our best to accommodate your needs.

Signature of Contact Person

Date