Please use the "Print Form" button on this form to print this form.

Clear Form

UNIVERSITY OF FLORIDA FOUNDATION, INC.
Required Information for Charitable Remainder Trusts

Print Form

Name of Trust:

UFF Fund # | New Gift ☐ | Addition ☐ | Date of Gift (mm/dd/yyyy) | Approximate Gift Value

GIFT INFORMATION

Gift Funded with: Cash ☐ | Securities: Closely held ☐ Public traded ☐ | Mutual fund ☐ | Real Estate ☐

Other (define):

If funded with non-cash asset, my total adjusted cost-basis in the asset(s) is:

If securities or mutual funds, my per share cost basis is: | Total # of shares: *

Asset is owned by: Husband ☐ Wife ☐ Jointly ☐ Corporation ☐

The acquisition date of my non-cash asset is: (mm/dd/yyyy)

*If multiple securities are being given, attach additional sheets as needed and supply required information

TRUST INFORMATION

Type: STD ☐ CRAT ☐ FLIP ☐ NIMCRUT ☐ NICRUT ☐

Payment frequency: Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ At end of period ☐ At start of period ☐

Payout Rate in %:

Direct Deposit: Yes** ☐ No ☐

First payment due: (mm/dd/yyyy)

**IF YES for direct deposit, please attach completed ACH Form.

DONOR NAME(S)

SSN# of Donor 1: | SSN# of Donor 2:

Address:

City: | State: | Zip:

I DESIGNATE THE FOLLOWING AS BENEFICIARY(IES) OF THE TRUST:

Beneficiary 1

Name: | SSN#:

Date of Birth: (mm/dd/yyyy) | Telephone #:

Address:

City: | State: | Zip:

Beneficiary 2

Name: | SSN#:

Date of Birth: (mm/dd/yyyy) | Telephone #:

Address:

City: | State: | Zip:

Upon termination of this trust, UFF, Inc. will make a determination in accordance with its policies in effect at that time as to whether the remainder will be endowed or not. The remainder will be used for the purposes, if any, specified in writing by the Donor, as follows:

Gift Agreement Required? Yes ☐ No ☐

Donor: By signing and dating this document, I verify the information contained herein is correct and accurate.

Donor Signature | Date

Development Officer: