



Information Needed for a Crescendo Illustration
Charitable Remainder Unitrust

Person 1: _____
First M Last

Person 2: _____
First M Last

Birth Date(s)

Person 1: ___/___/_____ Person 2: ___/___/_____

Income Tax Bracket: _____

Proposed Gift Date: ___/___/_____

Payout Frequency

Monthly Quarterly Semi-annually Annually

Type of Asset

Cash Stock Real Estate

Fair market value of asset: \$_____

Cost basis of the asset: \$_____

Additionally, it is helpful to know the following:

Approx current income: \$_____

Estimated trust earnings or return per year: \$_____

Amount (5% or greater) that the Unitrust will pay each year: _____%

Please call the Charitable Giving Department at (619) 235-2300 to request an illustration.