

Data Entry Worksheet - Gift Plus Insurance (48)

Advisor Name: _____	Firm: _____
Street Address: _____	City: _____ State: ____ ZIP: _____
Phone: _____	Fax: _____ Email: _____
Donor(s) Name(s): _____	

Gift Date: ____/____/____ (Date of trust funding)
Trust Type: 1 Life 2 Lives (Number of beneficiaries)
Name and birth date of each trust beneficiary?
1. _____ DOB ____/____/____
2. _____ DOB ____/____/____

Income tax bracket of donor(s)?
37% 35% 32% 24% 22%
12% 10% Other _____
Capital gains rate of donor(s)?
23.8% 18.8% 15% Other _____

Trust Amount: \$ _____ (Fair market value of property)
Cost Basis: \$ _____ (Original cost of the same asset)
Insurance Amount: \$ _____ (This data should be obtained from an insurance broker.)
Number of Beneficiaries: _____ (Beneficiaries of the insurance policy)
Estate Value: \$ _____ (Fair market value of all assets owned by the donor)