

| Grantor's           |                  |                           | Trustee                    |                      |                           |                     |              |                 |              |               |  |  |
|---------------------|------------------|---------------------------|----------------------------|----------------------|---------------------------|---------------------|--------------|-----------------|--------------|---------------|--|--|
| Name:               |                  |                           | Name:                      |                      |                           |                     | Date Active: |                 |              |               |  |  |
|                     |                  |                           |                            |                      |                           |                     |              |                 |              |               |  |  |
| Trust Name:         |                  |                           | Date of Tr                 | Date of Trust:       |                           |                     |              |                 |              |               |  |  |
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| Annual Gift to ILIT | Outside<br>Gifts | Crummey<br>Letter<br>Sent | Beneficiary<br>Acknowledge | Insurance<br>Premium | Insurance Co & Policy No. | Premium<br>Due Date | Date<br>Paid | Fees<br>Charged | Date<br>Paid | Letter to CPA |  |  |
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| Total               | Total            |                           |                            |                      |                           |                     |              |                 |              |               |  |  |
| Signature Date      |                  |                           |                            |                      |                           |                     |              |                 |              |               |  |  |



| Annual Gift to ILIT | Outside<br>Gifts | Crummey<br>Letter<br>Sent | Beneficiary<br>Acknowledge | Insurance<br>Premium | Insurance Co & Policy No. | Premium<br>Due Date | Date<br>Paid | Fees<br>Charged | Date<br>Paid | Letter to CPA |
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| Signature | Date |



| Annual Gift to ILIT | Outside<br>Gifts | Crummey<br>Letter<br>Sent | Beneficiary<br>Acknowledge | Insurance<br>Premium | Insurance Co & Policy No. | Premium<br>Due Date | Date<br>Paid | Fees<br>Charged | Date<br>Paid | Letter to CPA |
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| Signature | Date |



| Annual Gift to ILIT | Outside<br>Gifts | Crummey<br>Letter<br>Sent | Beneficiary<br>Acknowledge | Insurance<br>Premium | Insurance Co & Policy No. | Premium<br>Due Date | Date<br>Paid | Fees<br>Charged | Date<br>Paid | Letter to CPA |
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| Signature | Date |



| Annual Gift to ILIT | Outside<br>Gifts | Crummey<br>Letter<br>Sent | Beneficiary<br>Acknowledge | Insurance<br>Premium | Insurance Co & Policy No. | Premium<br>Due Date | Date<br>Paid | Fees<br>Charged | Date<br>Paid | Letter to CPA |
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