THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

LDS Philanthropies Attn: Planned Giving Office 1450 N University Avenue Provo, UT 84604

(801) 422-4444 (800) 525-8074

This form should be completed for all gifts received by or proposed to your organization. Complete appropriate areas, obtain authorized signature(s), and send to LDS Philanthropies. LDS Philanthropies serves all Church departments and educational institutions.

 -	ur Name Your Position m Welsh Donor Liaison				Your Phone 801-422-4447			
LDSP Representative Jim Welsh			Gift Planning Representative Jerry Reynolds			Date Prepared 5/25/2016		
Donor Information	า							
☐ Individual ☐ Corpo	oration	ındation	ther (List)		Name of e	mployer, if wo	rks for mate	ching gift organization
Legal name of donor/Organization name			i5 ID	i5 ID		☐ M ☐ F ☐ Y ☐ N	Age	Birth date
Other donor: Spouse Joint donor Organization contact						☐ M ☐ F ☐ Y ☐ N	Age	Birth date
Street address			City	City County/Country		untry	State	Zip code (Zip + 4)
Home phone (with area	code) Bus	iness phone (with area code	e) E-mail	E-mail address				
Acknowledgment	Information	on	ı					
	on: Mr.	☐ Mrs. ☐ Ms. ☐ Dr.	☐ Mr. &	Mrs.	ter	er (specify):	Publicity Confider	
Gift Instructions								
Gift is: Proposed Gift is: Restricted	Complete Unrestricte	Gift is: Cash Pledge: One tim	_ ~	urities Real e		Other By date:	1	Appeal code:
Other gift/pledge details	, or special ins		<u> </u>	` •			I.	
Recipient 9/ of								
	0/. of			A account Numb	on (abaak			<u> </u>
(BYU/BYUI/BYUH LDSBC/Church/Other)	% of Gift	Restriction	1	Account Numbox if no	*	Fair Mark	xet Value	Present Value
(BYU/BYUI/BYUH		Restriction	1		*	Fair Mark	xet Value	Present Value
(BYU/BYUI/BYUH	Gift	Restriction	1		ew)		set Value	
(BYU/BYUI/BYUH	Gift %	Restriction	1		ew)	\$	set Value	\$
(BYU/BYUI/BYUH	Gift %	Restriction	1		ew)	\$	set Value	\$
(BYU/BYUI/BYUH LDSBC/Church/Other)	% % % %	Restriction				\$ \$	set Value	\$ \$ \$
(BYU/BYUI/BYUH LDSBC/Church/Other)	% % % % ce, valuation			box if no		\$ \$ \$	set Value	\$ \$ \$ \$
(BYU/BYUI/BYUH LDSBC/Church/Other) (Attach corresponden	% % % % ce, valuation	and delivery documents		box if no	ew)	\$ \$ \$	set Value	\$ \$ \$ \$
(Attach corresponden	% % % % ce, valuation	and delivery documents		box if no	ew)	\$ \$ \$ \$		\$ \$ \$ \$
(Attach corresponden In-kind Gift Inforn Name and title of indiv Gift delivery date	% % % % ce, valuation	and delivery documents		TOTA Estimated value	ew)	\$ \$ \$ \$		\$ \$ \$ \$
(Attach corresponden In-kind Gift Inforn Name and title of indiv Gift delivery date Acceptability	% % % % ce, valuation nation vidual stating e	and delivery documents	s)	TOTA Estimated value In-kind gift	L based on is for related	\$ \$ \$ \$ use by institute	ion	\$ \$ \$ \$ \$
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(Attach corresponden In-kind Gift Inforn Name and title of indiv Gift delivery date Acceptability I have reviewed thi Print name and title (n	% % % % ce, valuation nation vidual stating e	and delivery documents stimated value	bility, use	TOTA Estimated value In-kind gift fulness, and pro	L based on is for related	\$ \$ \$ \$ use by institute	ion	\$ \$ \$ \$ \$ \$ \$ a indicated.

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Donor Name:

A	Additional Gift Information
	Is the proposed gift a primary source

									
	Is the proposed gift a prim ☐ Yes ☐ No	ft a primary source of income? Estate value CAE reporting information Outright Planned Bequest		Estimated closing date Pronto					
	Type of gift ☐ Outright ☐ CRUT – Net income ☐ CRUT – Flip ☐ CRUT – Standard ☐ CRAT	☐ CGA ☐ DAF ☐ DCGA (years) ☐ Lead trust	☐ Bargain sale ☐ Insurance	Remainder interest deed Support organization Will Other (specify):		only) lives s, or years s, or years			
	Payout rate %	Payments per year	CRI Percent	Funding date	Expected maturity year	Donor is U.S. Citizen ☐ Yes ☐ No			
	Income beneficiary (if other	er than donor)	SSN/Tax ID	Age	Birth date	Gender M F			
	Income beneficiary (if other	er than donor)	SSN/Tax ID	Age	Birth date	Gender ☐ M ☐ F			
	Initial trustee(s)		Initial trustee address						
	Successor trustee		Successor trustee address						
	Name of proposed trust		Other gift information						
D	onor Advisors								
	Name of donor's attorney		Address						
-	Phone (with area code)		Fax (with area code)		E-mail				
	Name of donor's accounta	nt or professional advisor	Address						
-	Phone (with area code)		Fax (with area code)		E-mail				
Ti	ransmitted to Finar	nce (with this form)							
Ī	All correspondence	DTC minut	es 🗆 Le	tter of understanding	Reimbursement request				
	Appraisal dated:	☐ Final legal of		otographs	☐ Scholarship letter				
	Art work provenance	☐ Final tax ca		al estate transmittal packet	☐ Title report				
	☐ Check #: ☐ Form 8283			al prop deed/title certificate	☐ Valuation support documents				
	☐ Deed of gift/temporary			cipient acceptance	Other (specify):				
C	ift Value	тесегрі 🗀 оке піппа	co Re	стрин иссеринес	Other (speeny).				
ĭ	Provided by donor		Caumaa						
_	\$		Source						
Ĺ	Fair Market Value	Present Value		Appr	rovals				
_	\$	\$	Date	Gift Planning signature					
	\$	\$	Date	Purchasing signature	gnature				
	\$	\$	Date	LDSP Controller/Finance signature					
D	istribution (check b	ox under C if comple	ete file or N if aift r	notice only. Date and in	itial when action con	npleted.)			
Ī	Finance/Records	•		Gift Planning/		1 2 /			
			CN	_	i	D-4-/T-::4: 1			
-	C N	Date/Initials	C N	Date/Initials	C N	Date/Initials			
	BYU Financial Ser		BYU Investme		☐ ☐ Deseret Trust Company				
	BYU-H Developm		BYU Legal Co		LDSP Communica	ition			
	BYU-I Developme		Church Investr		Other:				
	LDSP Acknowledg		Church Investr						
	LDS Business Coll		Church Legal (
	Legal docs to recip	nent charity	Church Real E						
- 1	\square Other:		☐ ☐ Church Treasu	ry Services	I				

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