

INSTRUCTIONS

1. One copy of the Will, Indenture, and/or other Trust Instrument establishing this trust and one copy of any Terminating Instrument, if any, must accompany this statement.
2. Evidence of the most recent fair market value of the Trust corpus, prior to any final distributions, must accompany this statement.
3. Proof of final distribution or a letter from the beneficiary(ies) indicating their intent to accept a final distribution of the Trust corpus.
4. The Trustee must provide written Notice to all interested parties prior to filing this Termination Statement with the Office of Attorney General and provide copies of the same to this Office.
5. For questions regarding this filing, please contact the Charitable Trust Unit at (401) 274-4400 ext. 2111 or charitabletrust@riag.ri.gov.



Attorney General
Peter F. Neronha

CHARITABLE TRUST TERMINATION STATEMENT

(R.I.G.L. § 18-9-16)

1. Name of Charitable Trust: _____

Federal Identification Number: _____
EIN/Federal ID No.

2. Trust Purpose as established in the Trust Instrument: _____

3. The most recent Fair Market Value for this Trust Corpus is: \$ _____

as of _____
Date

4. This Charitable Trust is being terminated under (*use additional sheets if necessary*): [select one]

The Will of _____ of _____
Name Last Known Residence

The Indenture of _____ of _____
Name City or Town, State

and/or

Other Trust Instrument (*e.g. articles of incorporation, by-laws, etc.*):

Name of Instrument

5. Trustee(s) (*use additional sheets if necessary*):

1. _____
Name of Trustee

Street

City

State

Zip

Telephone Number

E-mail Address

2. _____
Name of Trustee

Street

City *State* *Zip*

Telephone Number *E-mail Address*

6. Present Beneficiary(ies) *(use additional sheets if necessary)*:

Name of Beneficiary

Street

City *State* *Zip*

Telephone Number *E-mail Address*

7. I, _____ as trustee(s) affirm that the assets of said Trust identified in Paragraph (1) has a **value less than Two Hundred Thousand Dollars (\$200,000.00)** and am therefore authorized to terminate said Trust pursuant to R.I.G.L. § 18-9-16 and distribute the assets thereof to _____ as beneficiary(ies).

8. Charitable Purpose:

- State the Purpose(s) that the Trust Assets will be used for following termination *(use additional sheets if necessary)*:

- Is this Purpose(s) consistent with the Purpose established in the Trust Instrument: _____ Yes _____ No

** If No, Please explain *(use additional sheets if necessary)*:

CONSENT

I, Peter F. Neronha, as Attorney General of the State of Rhode Island, pursuant to R.I.G.L. § 18-9-16, does hereby consent to the termination of said _____
(Charitable Trust Name) and the delivery of all assets there under to _____
(Beneficiary). (use additional pages if necessary).

PETER F. NERONHA
ATTORNEY GENERAL

By his Attorney,

Name: _____ (Bar No. _____)

Title: _____

Charitable Trust Unit
Rhode Island Department of Attorney General
150 South Main Street
Providence, RI 02903-2907
Tel: (401) 274-4400 ext. 2111
Fax: (401) 222-2995
Email: charitabletrust@riag.ri.gov

Date: _____