



Mail completed form to:  
 NH Attorney General's Office  
 Attn: Charitable Trusts Unit  
 33 Capitol Street  
 Concord, NH 03301-6397

# FORM NHCT-18

## NOTICE OF IRREVOCABLE CHARITABLE INTEREST IN TRUST

### TRUST INFORMATION

- Initial Notice                       Five-Year Notice                       Final Notice

*Note: Initial Notice is due within six (6) months from the date that the interest of a charitable beneficiary in a non-testamentary express trust becomes irrevocable. Thereafter, a Notice is due every five years from the date of the Initial Notice. Final Notice is due when distributions to a charitable beneficiary commence. If distributions will extend for more than one year, registration is required by filing Form NHCT-11: Application for Registration.*

*This form is not to be used for testamentary trusts.*

### NAME OF TRUST

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### TRUSTEES *(attach additional sheets if more than 3 trustees)*

Name of Trustee			
Trustee's Address			
Unit	City	State	Zip

Name of Trustee			
Trustee's Address			
Unit	City	State	Zip

Name of Trustee			
Trustee's Address			
Unit	City	State	Zip

**NAME OF CONTACT FOR TRUSTEE**

Name of Contact		
Contact Mailing Address		
City	State	Zip
Contact Telephone Number	Contact Email Address	

**INITIAL NOTICE** *(complete the following)*

*Initial Notice only: attach a copy of trust instrument and any amendments. Those portions of the trust instrument/amendments that do not relate to administration of the trust or that relate to non-charitable beneficial interests may be excluded.*

Name of Charitable Beneficiary	Amount/formula for Distribution to Each Charity	Event Making Charitable Interest Irrevocable & Date of Event	Triggering Event(s) for Distribution to Charitable Beneficiaries

**FIVE-YEAR NOTICE** *(complete the following)*

The undersigned certifies that no triggering event for distribution to charitable beneficiaries has yet occurred.

**FINAL NOTICE** *(complete the following)*

Date distribution obligation commenced:
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**Distribution Information**

Charity receiving distribution	Distribution date	Amount of distribution

- Attach statement of trust valuation if distribution is based on a formula.
- Attach documentation to verify distribution to charitable beneficiaries.

**SUBMITTED BY:**

\_\_\_\_\_  
Signature of Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name