

Trust Client Information Form

Trust Name: _____

Trust EIN: _____ If needed, who will obtain: _____

Primary Contact: _____ Preferred Method: Phone Email

Telephone: _____ E-Mail: _____

Preferred Contact Frequency: As Needed Quarterly Annually

Annual notification will be sent to Grantors, Advisors & all Notice Recipients

We need to hear from you when there is a life/family change that affects the Trust & how it is administered

Current Trustee: _____ Contact Person: _____

Telephone: _____ E-Mail: _____

Attorney: _____

Telephone: _____ E-Mail: _____

Financial Advisor: _____

Telephone: _____ E-Mail: _____

Trust Tax Information

Type of Trust Grantor Non-Grantor Tax Preparer: _____

Telephone: _____ E-Mail: _____

Trust Asset Information

Asset(s) the Trust holds/will hold: LLC Corporation Brokerage Account Life Insurance Other

Trust Market Value: \$ _____

Source of Wealth: _____

Grantor Information

Name: _____ US Person Yes No

Address: _____

Telephone: _____ E-Mail: _____

Date of Birth: _____ Social Security Number: _____

Photo ID Number: _____ State Issued: _____ Expiration Date: _____

Trust Client Information Form

Beneficiary #1

Name: _____ US Person Yes No

Relation to Grantor: _____

Address: _____

Telephone: _____ E-Mail: _____

Date of Birth: _____ Social Security Number: _____

Photo ID Number: _____ State Issued: _____ Expiration Date: _____

Beneficiary #2

Name: _____ US Person Yes No

Relation to Grantor: _____

Address: _____

Telephone: _____ E-Mail: _____

Date of Birth: _____ Social Security Number: _____

Photo ID Number: _____ State Issued: _____ Expiration Date: _____

Beneficiary #3

Name: _____ US Person Yes No

Relation to Grantor: _____

Address: _____

Telephone: _____ E-Mail: _____

Date of Birth: _____ Social Security Number: _____

Photo ID Number: _____ State Issued: _____ Expiration Date: _____

Investment Direction Advisor

Name: _____ US Person Yes No

Address: _____

Telephone: _____ E-Mail: _____

Trust Client Information Form

Date of Birth: _____ Social Security Number: _____

Photo ID Number: _____ State Issued: _____ Expiration Date: _____

Relation to Grantor: _____

Distribution Advisor

Name: _____ US Person Yes No

Address: _____

Telephone: _____ E-Mail: _____

Date of Birth: _____ Social Security Number: _____

Photo ID Number: _____ State Issued: _____ Expiration Date: _____

Relation to Grantor: _____

Trust Protector

Name: _____ US Person Yes No

Address: _____

Telephone: _____ E-Mail: _____

Date of Birth: _____ Social Security Number: _____

Photo ID Number: _____ State Issued: _____ Expiration Date: _____

Relation to Grantor: _____

Other Interested Parties (Additional Beneficiaries, Co-Trustee, Designated Representative, etc.)

Name: _____ US Person Yes No

Role: _____

Address: _____

Telephone: _____ E-Mail: _____

Date of Birth: _____ Social Security Number: _____

Photo ID Number: _____ State Issued: _____ Expiration Date: _____

Relation to Grantor: _____

Trust Client Information Form

Name: _____ US Person Yes No

Role: _____

Address: _____

Telephone: _____ E-Mail: _____

Date of Birth: _____ Social Security Number: _____

Photo ID Number: _____ State Issued: _____ Expiration Date: _____

Relation to Grantor: _____

Name: _____ US Person Yes No

Role: _____

Address: _____

Telephone: _____ E-Mail: _____

Date of Birth: _____ Social Security Number: _____

Photo ID Number: _____ State Issued: _____ Expiration Date: _____

Relation to Grantor: _____