

Income Beneficiary "1"

Mr./Mrs./Ms./Dr. _____
 Street Address: _____
 City: _____ State: _____
 Zip: _____ Email (Optional): _____
 Home Phone: () _____
 Work Phone: () _____
 Fax: () _____
 Birth Date: _____
 SSN: _____

Is this Income Beneficiary also the Donor and Trustee?
 Yes No (see section below)

Successor Income Beneficiary "1"

Mr./Mrs./Ms./Dr. _____
 Street Address: _____
 City: _____ State: _____
 Zip: _____ Email (Optional): _____
 Home Phone: () _____
 Work Phone: () _____
 Fax: () _____
 Birth Date: _____
 SSN: _____

If "No" Complete this Section

Donor "1"

Mr./Mrs./Ms./Dr. _____
 Street Address: _____
 City: _____ State: _____
 Zip: _____ Email (Optional): _____
 Home Phone: () _____
 Work Phone: () _____
 Fax: () _____
 Birth Date: _____
 SSN: _____

Current Primary Trustee "1"

Mr./Mrs./Ms./Dr. _____
 Street Address: _____
 City: _____ State: _____
 Zip: _____ Email (Optional): _____
 Home Phone: () _____
 Work Phone: () _____
 Fax: () _____

Income Beneficiary "2"

Mr./Mrs./Ms./Dr. _____
 Street Address: _____
 City: _____ State: _____
 Zip: _____ Email (Optional): _____
 Home Phone: () _____
 Work Phone: () _____
 Fax: () _____
 Birth Date: _____
 SSN: _____

Is this Income Beneficiary also the Donor and Trustee?
 Yes No (see section below)

Successor Income Beneficiary "2"

Mr./Mrs./Ms./Dr. _____
 Street Address: _____
 City: _____ State: _____
 Zip: _____ Email (Optional): _____
 Home Phone: () _____
 Work Phone: () _____
 Fax: () _____
 Birth Date: _____
 SSN: _____

If "No" Complete this Section

Donor "2"

Mr./Mrs./Ms./Dr. _____
 Street Address: _____
 City: _____ State: _____
 Zip: _____ Email (Optional): _____
 Home Phone: () _____
 Work Phone: () _____
 Fax: () _____
 Birth Date: _____
 SSN: _____

Current Primary Trustee "2"

Mr./Mrs./Ms./Dr. _____
 Street Address: _____
 City: _____ State: _____
 Zip: _____ Email (Optional): _____
 Home Phone: () _____
 Work Phone: () _____
 Fax: () _____

Independent Special Trustee (IST)

Name: _____ Address: _____
Phone: _____ Fax: _____ Email: _____

Trust Attorney of Record

Name: _____
Street Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Fax: _____

Drafting Attorney (if different)

Name: _____
Street Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Fax: _____

Current Investment Account Information

Investment Company Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Account #: _____
Phone: _____
Fax: _____

Investment Company Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Account #: _____
Phone: _____
Fax: _____

Specific Trust Information

What type of assets are currently held by the trust? _____

Where are the assets currently held? (Please provide a separate sheet listing account number(s) as well as the address of the institution holding the trust account.)

Will the assets transfer from the current account to a newly established investment/brokerage account? Yes No
If yes, approximate date of transfer and to what investment company/brokerage firm? _____

Special Instructions (use back of form if necessary)

