



## Initial Trust Intake Form

### A. TRUST BENEFICIARY A

Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender:  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

E-mail address \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

### B. TRUST BENEFICIARY B (if applicable)

Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender:  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

E-mail address \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

### C. **Is there a Trust Protector, Trust Advisory Committee or Third Party that will be authorized by the Beneficiary to make recommendations, communicate with on their behalf, or be contacted for reassessment of needs? (if applicable)**

Full Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

E-mail address \_\_\_\_\_

Role or Relationship to Beneficiary (select one):

Legal Guardian  Conservator  Representative Payee  Power of Attorney  Trust Protector

TAC Member  PI Atty  Caregiver  Other: \_\_\_\_\_



**D. INVESTMENT ADVISOR**

Name of Company \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CRD \_\_\_\_\_

Name of Contact \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell No. \_\_\_\_\_

Name of Administrative Assistant \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Custodian used \_\_\_\_\_

Trust Account Number at Custodian (if already established) \_\_\_\_\_

Fees \_\_\_\_\_