



IT'S A MATTER OF TRUST

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 Pl Atty Caregiver Other: _____



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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 _____