

TRUST WORKSHEET

Client Information:

Full Legal Name: _____
(including maiden)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): Home: _____ Cell: _____

Date of Birth: _____ Social Security No.: _____

Spouse's Name: _____
(legal name including maiden)

Phone Number(s): Home: _____ Cell: _____

Date of Birth: _____ Social Security No.: _____

Name of Trust: _____

Beneficiary of Trust Information:

Primary:

Full Legal Name: _____
(including maiden)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____ Social Security No: _____

Alternate (Secondary) Beneficiary:

Full Legal Name: _____
(including maiden)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____ Social Security No: _____

Trustee(s):

Person to be Appointed Trustee:

Full Legal Name: _____
(including maiden)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): Home: _____ Cell: _____

Date of Birth: _____ Social Security No: _____

Person to be Appointed Alternate Trustee:

Full Legal Name: _____
(including maiden)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): Home: _____ Cell: _____

Date of Birth: _____ Social Security No: _____

When will the trust terminate as to primary beneficiaries?

When will the trust terminate as to secondary beneficiaries?

Will property be placed in the trust? Yes No

If yes, description of property: _____

Are there any certain amounts per month, year, that you want the beneficiary(ies) to receive?

Yes No

If so, at what ages? _____

Are there any certain stipulations you wish to place on the beneficiary(ies) in order to receive a payment (i.e. to obtain a college degree, be gainfully employed, etc.)?

Are there any other conditions you want to place on the beneficiary(ies) receiving a payment?

Would you like copies of your draft emailed to you, mailed to you, or both?

Emailed Mailed Both

Email Address: _____