

**TRUST ADMINISTRATION QUESTIONNAIRE**

If you need more space, please continue on the back of the page or on a separate sheet.

**I. BENEFICIARIES OF THE TRUST:**

A.	_____	_____
	<b>Name</b>	Street Address
	_____	_____
	Phone Number	SSN
	_____	_____
		City, State, Zip
B.	_____	_____
	<b>Name</b>	Street Address
	_____	_____
	Phone Number	SSN
	_____	_____
		City, State, Zip
C.	_____	_____
	<b>Name</b>	Street Address
	_____	_____
	Phone Number	SSN
	_____	_____
		City, State, Zip
D.	_____	_____
	<b>Name</b>	Street Address
	_____	_____
	Phone Number	SSN
	_____	_____
		City, State, Zip
E.	_____	_____
	<b>Name</b>	Street Address
	_____	_____
	Phone Number	SSN
	_____	_____
		City, State, Zip
F.	_____	_____
	<b>Name</b>	Street Address
	_____	_____
	Phone Number	SSN
	_____	_____
		City, State, Zip
G.	_____	_____
	<b>Name</b>	Street Address
	_____	_____
	Phone Number	SSN
	_____	_____
		City, State, Zip

**II. REAL ESTATE:** For title, please note single, joint tenants, trust, etc. Please bring copies of tax statements.

A. \_\_\_\_\_  
**Description** (residence, farm, rental, etc.)      Title      Value

\_\_\_\_\_  
 Street Address      City, State, Zip

B. \_\_\_\_\_  
**Description**      Title      Value

\_\_\_\_\_  
 Street Address      City, State, Zip

C. \_\_\_\_\_  
**Description**      Title      Value

\_\_\_\_\_  
 Street Address      City, State, Zip

**III. BANK OR CREDIT UNION ACCOUNTS:** Please bring copies of statements.

A. \_\_\_\_\_      CHECKING      SAVINGS      CD      MONEY  
**Institution**      MARKET

\_\_\_\_\_  
 Account or Certificate Number      Title (Single, joint, trust, etc.)      Current Balance

B. \_\_\_\_\_      CHECKING      SAVINGS      CD      MONEY  
**Institution**      MARKET

\_\_\_\_\_  
 Account or Certificate Number      Title (Single, joint, trust, etc.)      Current Balance

C. \_\_\_\_\_      CHECKING      SAVINGS      CD      MONEY  
**Institution**      MARKET

\_\_\_\_\_  
 Account or Certificate Number      Title (Single, joint, trust, etc.)      Current Balance

D. \_\_\_\_\_      CHECKING      SAVINGS      CD      MONEY  
**Institution**      MARKET

\_\_\_\_\_  
 Account or Certificate Number      Title (Single, joint, trust, etc.)      Current Balance

**IV. BROKERAGE ACCOUNTS, STOCKS, AND BONDS:** Please bring copies of statements.

- A. \_\_\_\_\_  
**Description** (Institution, type of asset, account number, etc.)
- \_\_\_\_\_ Current Balance/Value  
 Title (Single, joint, trust, etc.)
- B. \_\_\_\_\_  
**Description** (Institution, type of asset, account number, etc.)
- \_\_\_\_\_ Current Balance/Value  
 Title
- C. \_\_\_\_\_  
**Description** (Institution, type of asset, account number, etc.)
- \_\_\_\_\_ Current Balance/Value  
 Title
- D. \_\_\_\_\_  
**Description** (Institution, type of asset, account number, etc.)
- \_\_\_\_\_ Current Balance/Value  
 Title

**V. IRAs AND TAX-DEFERRED ANNUITIES:** Please bring copies of statements.

- A. \_\_\_\_\_  
**Company** Account or Contract Number
- \_\_\_\_\_ Value  
 Owner Beneficiary(ies)
- B. \_\_\_\_\_  
**Company** Account or Contract Number
- \_\_\_\_\_ Value  
 Owner Beneficiary(ies)
- C. \_\_\_\_\_  
**Company** Account or Contract Number
- \_\_\_\_\_ Value  
 Owner Beneficiary(ies)

**VI. LIFE INSURANCE:** Please bring copies of policies and/or statements.

A.	_____	_____	
	<b>Company</b>	Policy Number	
	_____	_____	_____
	Owner	Beneficiary(ies)	Benefit Amount
B.	_____	_____	
	<b>Company</b>	Policy Number	
	_____	_____	_____
	Owner	Beneficiary(ies)	Benefit Amount
C.	_____	_____	
	<b>Company</b>	Policy Number	
	_____	_____	_____
	Owner	Beneficiary(ies)	Benefit Amount

**VII. OTHER ASSETS:**

VALUE

Business interests (partnerships, closely-held corporations, etc.)	_____
Personal property (cars, boats, household goods, etc.)	_____

**VIII. DEBTS:**

AMOUNT

_____	_____
Description	
_____	_____
Description	
_____	_____
Description	

**IX. MISCELLANEOUS INFORMATION:** Issues, concerns, or information you think we should know.

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