

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.	_____	_____
	Name	Street Address
	_____	_____
	Phone Number	SSN
		City, State, Zip
B.	_____	_____
	Name	Street Address
	_____	_____
	Phone Number	SSN
		City, State, Zip
C.	_____	_____
	Name	Street Address
	_____	_____
	Phone Number	SSN
		City, State, Zip
D.	_____	_____
	Name	Street Address
	_____	_____
	Phone Number	SSN
		City, State, Zip
E.	_____	_____
	Name	Street Address
	_____	_____
	Phone Number	SSN
		City, State, Zip
F.	_____	_____
	Name	Street Address
	_____	_____
	Phone Number	SSN
		City, State, Zip
G.	_____	_____
	Name	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.	_____	_____	
	Company	Policy Number	
	_____	_____	_____
	Owner	Beneficiary(ies)	Benefit Amount
B.	_____	_____	
	Company	Policy Number	
	_____	_____	_____
	Owner	Beneficiary(ies)	Benefit Amount
C.	_____	_____	
	Company	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.
