

## TRUST INFORMATION FORM

### Section I. Trust Account Information

**Trust Title:** \_\_\_\_\_

#### Instructions

Please select the type of trust. If a trust falls into two types, please check all that apply. If "Other", please fill out the type.

If the trust has a tax ID number, including the grantor's SSN, please list the number in the box.

If not, please indicate whether an EIN needs to be obtained. If yes, please indicate who should obtain one.

Please indicate whether any gifts will be made to the trust that are subject to a withdrawal right, and whether notices need to be sent.

If the answer to either question is "Yes" or "Partial", additional information may be needed.

#### Trust Type

- |  |  |
|--|--|
| <input type="checkbox"/> Incomplete Gift APT | <input type="checkbox"/> ILIT              |
| <input type="checkbox"/> Completed Gift APT  | <input type="checkbox"/> Irrevocable Trust |
| <input type="checkbox"/> Hybrid DAPT         | <input type="checkbox"/> Revocable Trust   |
| <input type="checkbox"/> Dynasty Trust       | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> NING                |  |

#### Tax Matters

Will the trust be filing a tax return?

- ☐ Yes ☐ No

Does the trust have a tax ID number?

- ☐ Yes: \_\_\_\_\_ Type: ☐ EIN ☐ Grantor's SSN  
☐ No (If "No" please indicate below whether one needs to be obtained.)

Does an EIN need to be obtained?

- ☐ Yes Who should obtain? ☐ IconTrust ☐ : \_\_\_\_\_  
☐ No

How will the trust be taxed?

- |   |  |
|---|--|
| <input type="checkbox"/> Grantor type trust | <input type="checkbox"/> ESBT (S portion only) |
| <input type="checkbox"/> Complex trust      | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Simple trust       |  |

#### Gifting

Will gifts subject to a right of withdrawal be made to the trust?

- ☐ Yes ☐ No

If yes, do right of withdrawal notices need to be sent?

- ☐ Yes\* ☐ No ☐ N/A

\* If "Yes", please list notice recipients in "Section IV. Comments" below.

#### Decanting

Will assets be decanted into this trust from another trust?

- ☐ Yes ☐ No ☐ Partial

Will this trust be decanting assets into another trust?

- ☐ Yes ☐ No ☐ Partial

**Instructions**

Please provide the contact information for the grantor. If there is only one grantor, leave the grantor 2 section blank.

**Section II. Individual Information****Grantor 1**

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Name

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Home Phone Number

---

Cell Phone Number

---

Work Phone Number

---

Email Address**Grantor 2**

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Name

---

Home Phone Number

---

Cell Phone Number

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Work Phone Number

---

Email Address**Attorney**

Please list the primary attorney contact. If there is a co-counsel attorney, please list the attorney as an additional party below and indicate "Co-Counsel" in the relationship field.

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Name

---

Work Phone Number

---

Cell Phone Number

---

Email Address**CPA or Accountant**

---

Name

---

Work Phone Number

---

Cell Phone Number

---

Email Address

**Instructions**

Please list any additional parties to the trust such as co-counsel, beneficiaries, financial advisors, life Insurance agents, etc. If “Other”, please use the “Other” field to indicate type. If there are more than 4 additional parties, please use multiple copies of this page.

**Section II. Individual Information (cont.)****Additional Party**

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Name

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Work Phone Number

---

Cell Phone Number

---

Email Address

---

Relationship to the Trust

---

Other**Additional Party**

---

Name

---

Work Phone Number

---

Cell Phone Number

---

Email Address

---

Relationship to the Trust

---

Other**Additional Party**

---

Name

---

Work Phone Number

---

Cell Phone Number

---

Email Address

---

Relationship to the Trust

---

Other**Additional Party**

---

Name

---

Work Phone Number

---

Cell Phone Number

---

Email Address

---

Relationship to the Trust

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Other

**Instructions**

Please list any current or proposed assets of the trust, including the name of the asset or its custodian, (example: XYZ, LLC or XYZ Brokerage.), type of asset, percentage ownership by the trust, and estimated value. Leave blank any that are unknown. Please use the section below for any comments regarding a specific asset.

**Section III. List of Assets**

Name	Type	%	Value

**Instructions**

Please list any additional comments, information, or special considerations that may provide additional clarity or assist us in the effective administration of this trust.

**Section IV. Comments**

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