

Intake Form for Trusts

(Returning Clients)

Entity Name _____

Entity Address _____

EIN _____

Fiduciary Info:

Trustee Name _____ S.S.# _____
(Person listed above is the one who will take care of taxes and sign them. Only one person can do it)

Title: _____ DOB (For E-Signature) _____

Home Phone _____ Cell Phone _____

Email _____

**Name, social security number, address, phone #, & % of interest
for each beneficiary:**

(Only use if there is a change from what is previously reported to us)

1. _____

2. _____

3. _____

4. _____

5. _____
