

TRUST QUESTIONNAIRE

DATE : _____

TRUST NAME _____

FEDERAL I.D. # _____

OFFICE	USE	ONLY	
Client #			
Year- End			
Final			

STREET ADDRESS:

CITY: _____

STATE : _____ ZIP : _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) : _____

PHONE : (____) _____ FAX : (____) _____ CELL PHONE : (____) _____

E-MAIL ADDRESS: _____

DATE OF FORMATION OF TRUST: _____

BANK NAME : _____

ROUTING _____

ACCOUNT _____

PLEASE CHECK ONE: SAVINGS _____

CHECKING _____

PRIMARY CONTACT: _____

PHONE: _____

E-MAIL: _____

PREFERRED METHOD OF COMMUNICATION: _____

TRUST ATTORNEY:

NAME: _____

PHONE : _____

E-MAIL: _____

TRUSTEE INFORMATION (For Each Trustee)

Name _____

Home Address _____

City, Town, or Post Office

County

State

Zip Code

E-mail: _____

Date of Birth: _____

Social Security Number: _____