



Trustee and Estate Supplemental Application

1. Provide information for each trust or estate:
Attach additional sheet(s) if necessary.

Name of Trust or Estate			
Number of years as a client			
Type of Trust *			
Value of Assets			
Accounting Services Provided			
Beneficiary Interest **?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are trustee/ executor fees paid directly to the firm or the trustee?			
Discretionary Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorize loans from the trust fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does an Independent Money Manager make investment decisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Independent review of accounts on a periodic basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Power of Attorney for a beneficiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Power of Attorney for a beneficiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Trust Type – Estate, Personal/Family Trust, Life Insurance Trust, Business Trust, Foundation, Charitable Remainder, Real Estate or Other.

** Beneficiary interest means any personal interest you or a relative might have as heir or beneficiary of the trust or estate funds, other than customary fees as trustee, administrator, executor or personal representative to which you are entitled.

2. Does the Trustee/Executor delegate any Trust/Estate duties to others? Yes No
If yes, please provide procedures in place to monitor the acts of others performing services:

3. Is an accounting provided to all beneficiaries? Yes No

If yes, how frequently? _____

If no, please explain: _____

4. Does the firm prohibit any firm members from taking out loans from the trust/ estate? Yes No

If no, what controls are in place to prevent conflict of interest? _____

5. Does the firm prohibit any investment of trust funds in ventures owned or managed by any firm member? Yes No

If no, what controls are in place to prevent conflict of interest? _____

6. Does the firm require signed engagement letters or written trust agreements for all trust work? Yes No

If no, please explain: _____

The applicant understands the information submitted herein becomes a part of the applicant's application and is subject to the same representations and conditions.

Signature of Authorized Representative of the Firm

Date

Print Name

Title (must be signed by managing partner or managing executive of the Firm)

Attest _____

Producer / Agent _____

License Number _____

Address _____
