storenfinancial

New Trust Data Sheet

Thank you for choosing Storen Financial for your business. Please complete the form below and note that we may need additional information from you (if applicable) such as: legal trust document, IRS confirmation of tax id, trustee and beneficiary information, grantor information, copy of check register, income and expense statements, balance sheets, bank statements or copy of prior tax returns for the past 2 years.

TRUST INFORMATION

Legal Trust Name:			
Federal ID:			
Date Trust Created:		Date of Death, if applicable:	
Preferred Contact:		Phone:	
Attorney Name:		Phone:	

TRUST MAILING ADDRESS

Street	City	State	Zip

TRUSTEE INFORMATION

Trustee Name:		Relationship to Grantor:	
SS# or Tax ID#:		Date of Birth:	
Email:		Phone:	
Is the trustee also a beneficiary (yes or no)?			

TRUSTEE MAILING ADDRESS

Please complete if different from the trust mailing address.

Street	City	State	Zip

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TRUSTEE BENEFICIARIES

Name:		Date of Birth:	
SS# or Tax ID#:		% of Ownership:	
Tax Entity (individual, llc, s corp, trust, other):			

Street	City	State	Zip

Name:		Date of Birth:	
SS# or Tax ID#:		% of Ownership:	
Tax Entity (individual, llc, s corp, trust, other):			

Street	City	State	Zip

Name:		Date of Birth:	
SS# or Tax ID#:		% of Ownership:	
Tax Entity (individual, llc, s corp, trust, other):			

Street	City	State	Zip

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