

TRUST QUESTIONNAIRE FOR CREATION OF AN INVESTMENT PLAN

Trustee:		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Entity		Date Appointed:	
Physical Address:			City / State:		Zip:
Mailing Address (if different):			City / State:		Zip:
Telephone:		Fax:		E-mail:	
TRUST-SPECIFIC INFORMATION					
Full Name of Trust:				Is this a court-supervised trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Trust:		Trust Tax I.D. Number:		Trust Tax Bracket (if income is taxable to the Trust):	
To the right, please give us through which month-end you would like our Annual Review.					
Annual Income: (Exclude income from investments)	Social Security: \$		Annuity/Structured Settlement: \$		
	Pension(s): \$		Other (please specify):		\$
	Real Estate/ Rental Property: \$		Total Annual Income: \$		
Annual Expenses:	Living Expenses: \$ (Room and Board, Mortgage, Utilities etc.)		Personal: \$ (Groceries, Clothing, Spending Money etc.)		
	Medical: \$		Other: (please specify)		\$
	Legal / Acctg. / Fiduciary: \$		Total Annual Expenses: \$		
Approximate Total Value of Assets to be Managed (please include copies of any brokerage & other pertinent statements):					\$
We recommend that our clients retain at least 8 months of cash for <i>net expenses</i> in a bank account to reduce the frequency of distributions from the investment portfolio. Other than management fees, how much do you want to keep in cash for contingencies?				\$	or <input type="checkbox"/> None
Attach a list of assets to be managed under this Investment Plan. Include cost basis information or indicate that it is missing.					
<input type="checkbox"/> Mark this box if you would like the Investment Plan to include ALL of the Trust's assets—including all existing assets or accounts.					
INCOME BENEFICIARY INFORMATION					
Name of Beneficiary:		<input type="checkbox"/> M <input type="checkbox"/> F		His/Her Tax Bracket: <input type="checkbox"/> 0-15% <input type="checkbox"/> 25-27.5% <input type="checkbox"/> 27.5% +	
Mental Health (elaborate below):		<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Physical Health (elaborate below): <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Income Beneficiary's Date of Birth:				Do you or the physician have an estimate of the beneficiary's life expectancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Income Beneficiary's SSN:				If so, what is your (or the doctor's) estimate?	
ADDITIONAL INFORMATION – If there is any information you feel we, as the Investment Advisors, ought to know regarding the circumstances or conditions of the trust or income beneficiary, please share it in the box below:					

Please send us the pertinent pages from the trust, the most recent IRS form 1040 or 1041 and the Schedule A along with this form.

I affirm that the above information is correct to the best of my knowledge:

Our fax number is (760) 597-9259.

Signature

Date