LOHN CAULDER LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

Trust Reporting Disclosure Form

DATE: _____ TRUST/ESTATE NAME: _____

Please ensure to list all parties identified on the trust agreement. Attach a separate sheet if necessary.

SETTLOR INFORMATION		
FULL NAME	ADDRESS	DATE OF BIRTH (MM/DD/YY)
		S.I.N./IDENTIFICATION NUMBER:
FULL NAME	ADDRESS	DATE OF BIRTH (MM/DD/YY)
		S.I.N./IDENTIFICATION NUMBER:
TRUSTEE INFORMATION		
FULL NAME	ADDRESS	DATE OF BIRTH (MM/DD/YY)
		S.I.N./IDENTIFICATION NUMBER:
FULL NAME	ADDRESS	DATE OF BIRTH (MM/DD/YY)
		S.I.N./IDENTIFICATION NUMBER:
BENEFICIARY INFORMATION		
FULL NAME	ADDRESS	DATE OF BIRTH (MM/DD/YY)
		S.I.N./IDENTIFICATION NUMBER:
FULL NAME	ADDRESS	DATE OF BIRTH (MM/DD/YY)
		S.I.N./IDENTIFICATION NUMBER:
FULL NAME	ADDRESS	DATE OF BIRTH (MM/DD/YY)
		S.I.N./IDENTIFICATION NUMBER:
FULL NAME	ADDRESS	DATE OF BIRTH (MM/DD/YY)
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