Trust Account Questionnaire

Idaho Trust
NATIONAL BANK

Confidential

Return To: Idaho Trust National Bank
ATTN: Account Administration
608 Northwest Blvd., Suite 300
Coeur díAlene, ID 83814

OR

Fax To: Idaho Trust National Bank
ATTN: Account Administration
208-765-6962

CONFIDENTIAL CLIENT INFORMATION

Trust Name: ____________________ Grantor Name(s): ____________________

Trustee Name: ____

Trustee Mailing Address: ____________________

____

Grantor Mailing Address: ____________________

____

Trustee Telephone Number: ____________________

Trust EIN #: ____________________

Grantor Telephone Number: ____________________

Trust Beneficiary Name(s):

Name: ____________________ Telephone (______) ____________________

Address: ____________________ Telephone #2 (______) ____________________

____________________ Social Security Number: ____________________

Birth date: ____/____/____ E-mail: ____________________

Percentage: ____________%

Name: ____________________ Telephone (______) ____________________

Address: ____________________ Telephone #2 (______) ____________________

____________________ Social Security Number: ____________________

Birth date: ____/____/____ E-mail: ____________________

Percentage: ____________%

Name: ____________________ Telephone (______) ____________________

Address: ____________________ Telephone #2 (______) ____________________

____________________ Social Security Number: ____________________

Birth date: ____/____/____ E-mail: ____________________

Percentage: ____________%

ACCOUNT TYPE:

______ Trustee for

______ Revocable Trust

______ Irrevocable Trust (excluding ILIT or CRT)

______ Split Interest Trust/CRT

______ Life Insurance Trust

EIN ____

______ Agent for

______ Irrevocable Trust (excluding ILIT or CRT)

______ Split Interest Trust/CRT

______ Life Insurance Trust

EIN ____

Trust Situs (State): ____

Tax Return Type:

_____ Simple Trust _____ Foundation 990/990PF

_____ Complex Trust _____ Grantor Trust

If Trust is a split interest or CRT, complete this section.

Is Trust Fully Funded? ____Yes ____ No

Provide Detail of Assets Used to Fund the Trust (attach a list of additional gifts if multiple gifts.)

1. Date of Gift (MM/DD/YY) ______/__________/_____
2. Shares/Units ______________________
3. Asset Description ______________________
4. FMV/Mean @ Date of Gift ______________________

   (attach appraisal for Real Estate, etc.)
5. Original acquisition date of donor ______________________
6. Donorís Basis ______________________

TRUST ASSETS:

Savings Accounts $__________ Real Estate (non-income) $__________

Other Investment Accounts $__________ Real Estate (income) $__________

Retirement Accounts $__________ Notes Receivable $__________

Value of assets to be placed under management: $____________________

Will Securities or Cash be added to the Trust at a later date? ____Yes ____ No

If Yes, Indicate the amount: $________.00

DISTRIBUTIONS:

Do you desire Periodic Withdrawals From the Trust? ____Yes ____ No

If Yes, how much do you plan to withdraw? Monthly: $__________ Quarterly: $__________

When? 25th or 31st of each month (*circle one*)

What is your estimated current annual income? $ ______________________

Please attach the most recent copy(s) of the trustís financial statement(s)

OTHER INFORMATION:

Please add other client specific matters:

____

____

____

Client Name: ______________________________ Advisorís Name: __________________________

Date Signed: ______________________________ Date Signed:____________________________