

Please complete all applicable fields.

TRUST/ESTATE

| | | | |
|-----------------------|--|---------------------------------------|--|
| NAME OF TRUST/ESTATE: | | | |
| TRUST EIN: | | PRINCIPLE ACTIVITY: | |
| ENTITY TYPE: | | IF DECEDENT'S ESTATE - DATE OF DEATH: | |

PREFERENCES

Would you like free, 24/7 digital access to your tax return and other items through our portal?

Yes No

If yes, we will link your portal to the primary email address listed above unless you indicate you prefer it be linked to a different email address here.

Would you like to keep a credit card or bank account on file with us for easy and seamless bill payment?

Yes No

If yes, we will contact you to collect the specific information in order to protect your information.

REFERRED BY

IF DECEDENT'S ESTATE

| | | | |
|-------------|--|------------|--|
| FIRST NAME: | | LAST NAME: | |
| SSN: | | | |
| ADDRESS: | | | |
| ADDRESS 2: | | | |
| CITY: | | STATE: | |
| ZIP CODE: | | COUNTRY: | |

FIDUCIARY INFORMATION

| | | | |
|-----------------------------------|--|---------------------------------------|--|
| NAME: | | TITLE: | |
| FIDUCIARY SSN/EIN: | | PREFERRED CONTACT (IF NOT FIDUCIARY): | |
| PRIMARY EMAIL: | | | |
| EMAIL 2: | | | |
| CELL: | | WORK: | |
| FAX: | | OTHER: | |
| EMERGENCY CONTACT (NAME & PHONE): | | | |

BENEFICIARY INFORMATION

| | | | |
|-------------------|--|-----------------------|--|
| BENEFICIARY NAME: | | SSN/EIN: | |
| ADDRESS: | | % OF ESTATE OR TRUST: | |
| BENEFICIARY NAME: | | SSN/EIN: | |
| ADDRESS: | | % OF ESTATE OR TRUST: | |
| BENEFICIARY NAME: | | SSN/EIN: | |
| ADDRESS: | | % OF ESTATE OR TRUST: | |
| BENEFICIARY NAME: | | SSN/EIN: | |
| ADDRESS: | | % OF ESTATE OR TRUST: | |