

Client Name: _____

How did you hear about us? _____

PLEASE ANSWER ALL QUESTIONS. ALL INFORMATION IS STRICTLY CONFIDENTIAL

YOUR PERSONAL INFORMATION	
Full Legal Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Name used on Legal Documents:	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Life Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Alien Resident OR Nonresident
Street Address / P.O. Box:	
City/State/Zip/COUNTY:	
Phone:	Email:
SPOUSE/DOMESTIC PARTNER INFORMATION	
Full Legal Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Name used on Legal Documents:	
Date of Marriage/Partnership:	Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Alien Resident OR Nonresident

OUR GOLD EDITION GUN TRUST CAN BE USED FOR SINGLE OR MARRIED GUN OWNERS AND OFFERS MULTISTATE, MULTIGENERATIONAL AND A NUMBER OF OTHER CUSTOMIZATION OPTIONS. PLEASE IDENTIFY YOUR SPECIFIC GOALS AND CONCERNS SO THAT YOUR TRUST MAY BE CUSTOMIZED TO ADDRESS THEM.

NAME OF TRUST: _____ TRUST

Many clients add words such as Gun, Firearm(s), or Armory in the title.
 (This is recommended but not required.)

DATE TO BE SIGNED: _____ (Leave blank if unknown)

- CHECK ONLY ONE:
- Creation of New Trust
 - Restatement of Existing Trust *(please provide a copy of the Existing Trust)*

CHILDREN'S INFORMATION

Child's Name	M/F	Birthdate	H-(Husband's) W-(Wife's) J-(Joint)

SUCCESSOR TRUSTEE INFORMATION

In the event of your death or incapacity, who would you want to take over managing your trust assets (much like an executor of a Will)?

1.	then
2.	then
3.	

Additional successors will be appointed by reference to your other estate planning documents, or if not, by your State law.

A Beneficiary of a Separate Share may serve as a Trustee.

DETAILS: Include information as to service as a Co-trustee, or Sole Trustee, or Co-trustee at one age and Sole trustee at a later age.

CHECK IF APPLICABLE

- Multistate administration provisions should be included. Firearms may be stored and possessed by the trust in more than one state on a permanent basis.
- Special provisions for a trust protector should be included to protect my trust, specifically
 - that help avoid Trustee/Beneficiary conflicts;
 - that allow trust amendments to address future changes in law;
 - that allow a mechanism to help Trustee to resolve questions about trust language or other issues.

DISTRIBUTIONS DURING LIFE

IF MARRIED

CHECK ONLY ONE!

- Spouse has NO access to my firearms. Spouse will be Cotrustee. Client is the only initial Trustee.
- Spouse HAS access to my firearms. Spouse will be Cotrustee. Spouse should be an initial or additional Cotrustee.
- BOTH of us have access and consider them “our” firearms. We want to have a Joint Trust naming both of us as Grantors. We understand that this will make us both Responsible Persons for purposes of ATF Rule 41F for future NFA transfers.

DISTRIBUTIONS AT DEATH

#1: SPECIFIC GIFTS OF ONE OR MORE FIREARMS

A blank “tangible personal property memorandum” will be provided for you to complete and update at any time. With it you may identify specific firearms or accessories ***owned by this trust*** that your Trustee would distribute to named individuals at your death.

Check only if this applies

- CONTACT ME TO DISCUSS gifts of firearms written out in my trust, such as to a group of people or to a charity

#2: IF MARRIED

CHECK ONLY ONE!

- DO NOT CREATE A TRUST SHARE FOR MY SPOUSE.** Go to #3 below and include any gift to my spouse in my planning for Remainder Beneficiaries.
- Trust should continue **ONLY for my spouse's benefit** (spouse becomes full owner and is considered part of the spouse's taxable estate.)
- Trust should continue **for benefit of spouse and descendants during his/her lifetime.** (This creates an irrevocable "family" or bypass trust which is NOT part of the spouse's taxable estate.)
 - Priority of benefits is to spouse.
 - NO priority of benefits; all receive same treatment.
- ___% continues in trust for spouse's benefit with balance under #3 below

#3: REMAINDER BENEFICIARY WORKSHEET – MUST BE COMPLETED.

Remainder beneficiaries receive all assets that are left over after satisfaction of specific gifts.

CHECK ONLY ONE!

- CREATE ONE COMMON TRUST FOR DESCENDANTS.** Trust will last for multiple generations.
 - Priority of benefits is to Children over grandchildren.
 - NO priority of benefits to Children over grandchildren.

OR

- CREATE SEPARATE SHARES FOR THE INDIVIDUALS NAMED ON THE NEXT PAGE** (which can include a named gun trust) OR CHARITIES. Provide details below about design of each share and how it will pass at death of a beneficiary.

NOTE: IN THE ‘Y OR N’ COLUMN OF THE TABLE BELOW, IF A BENEFICIARY DIES BEFORE YOU ‘Y’ MEANS SHARE GOES TO OTHER NAMED BENEFICIARIES, AND ‘N’ MEANS SHARE GOES TO THE DECEASED BENEFICIARY’S DESCENDANTS, IF ANY.

Name	Relationship	LAPSE? Y or N	Share
			%
			%
			%
			%
			%

MUST TOTAL 100%

DETAIL ON SEPARATE SHARES:

For each share above, include specific design information on whether distribution is outright, in a general needs trust, conservative or liberal distribution, type of power of appointment, if any, etc.

CHECK HERE TO DISCUSS CHARITABLE FIREARMS PLANNING.

YOU CAN DONATE GUNS, CREATE A CHARITABLE ANNUITY, AND DO MANY OTHER THINGS IF YOU DO NOT HAVE INDIVIDUAL BENEFICIARIES WHO WILL APPRECIATE YOUR FIREARMS.

#4: REMOTE CONTINGENT BENEFICIARY WORKSHEET

Remote Beneficiaries are named in case Remainder Beneficiaries are unwilling or unable to accept distributions.

NOTE: IN THE ‘Y OR N’ COLUMN OF THE TABLE BELOW, IF A BENEFICIARY DIES BEFORE YOU “Y” MEANS SHARE GOES TO OTHER NAMED BENEFICIARIES, AND “N” MEANS SHARE GOES TO THE DECEASED BENEFICIARY’S DESCENDANTS, IF ANY.

Name	Relationship	LAPSE? Y or N	Share
			%
			%
			%
			%
			%

MUST TOTAL 100%

OTHER GOALS OR CONCERNS:

PAYMENT INFORMATION

What type of payment do you plan on using? VISA MasterCard Check

(If you are attending a group event, please pay by credit card only)

Name on Card:			
Billing Address:			
Billing City, State & Zip:			
Card Number:			
Expiration Date:		CVV Code (3 digits on back):	

YOUR CREDIT CARD WILL BE CHARGED FOR ANY POSTAGE FEES INCURRED.

FOR OFFICE USE ONLY

FEE TO BE CHARGED: \$ _____

- NEW MATTER
- BRONZE UPGRADE
- RESTATEMENT (OF A PRIOR SILVER/GOLD TRUST)

COORDINATING INSTRUCTIONS / DETAILS

- _____
- _____
- _____
- _____