**Yellowstone Trust Administration, Inc.**

**CLT Data Form**

|  |  |
| --- | --- |
| **Trust Name:** |  |

|  |  |  |
| --- | --- | --- |
| **Trust ID#:** |  |  |

**Grantor(s):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| #1 Name |  | Date of Birth |  |  SSN |  |
|  Also a Trustee? Yes |  | No |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| #2 Name |  | Date of Birth |  |  SSN |  |
|  Also a Trustee? Yes |  | No |  |  |

|  |  |
| --- | --- |
| Address |  |
|  |  | Email: |
| Telephone | **( )** |  | Work | **( )** | Cell | **( )** |

**Financial Advisor**:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Company |  |
| Address |  |
| Telephone | **( )**  |  | Telephone #2 | **( )** |  Fax | **( )** |
| Email: |  |  |

**CPA:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Company |  |
| Address |  |
| Telephone | **( )**  |  | Email: |  |  Fax | **( )** |

**Independent Trustee: (If applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Telephone | **( )**  |
| Address |  |

**Charitable Beneficiary(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| #1 Name |  | Percentage: |  |
| #2 Name |  | Percentage: |  |
| #3 Name |  | Percentage: |  |
| #4 Name |  | Percentage: |  |
| #5 Name |  | Percentage: |  |

**Type of Trust: (check one)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  CLT Term of Years: \_\_\_\_\_\_\_  |  |  CLAT Term of Years: \_\_\_\_\_\_\_  |
|  |
| Percent Payout: |  **%** |
| Payout Frequency (check one)**:**  | Annually |  |  Semi-Annually |  |  Monthly |  |  Quarterly |  |
| Date Trust Signed: |  **/ /**  |  Funding Date: |  **/ /**  |

|  |  |
| --- | --- |
| **Funded With:** |  |
|  Cash: | *Value at Transfer:* |
|  Other Asset:  | *Value at Transfer:* |
|  | *Cost Basis:*  | *How Acquired*:  | *Date:*  ***/ /*** |

***Please send this form, along with a copy of the TRUST DOCUMENT, to YTA at P.O. Box 80367, Billings, MT 59108***