**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***