

Yellowstone Trust Administration, Inc.

CRT Data Form

Trust Name: _____

Trust ID#: _____ Charity: _____

Grantor(s):

#1 Name _____ Date of Birth _____ SSN _____
Also a Trustee? Yes ___ No ___ Also a Beneficiary? Yes ___ No ___

#2 Name _____ Date of Birth _____ SSN _____
Also a Trustee? Yes ___ No ___ Also a Beneficiary? Yes ___ No ___

Address _____
Telephone () _____ Work () _____ Fax () _____

Independent Trustee:

Name _____ Telephone () _____
Address _____

Financial Advisor:

Name _____ Company _____
Address _____
Telephone () _____ Telephone #2 () _____ Fax () _____
Email: _____

CPA:

Name _____ Company _____
Address _____
Telephone () _____ Telephone #2 () _____ Fax () _____

Income Beneficiary(s): (If different than Grantor[s])

#1 Name _____ Date of Birth _____ SSN _____
#1 Address _____

#2 Name _____ Date of Birth _____ SSN _____
#2 Address _____

Type of Trust: (check one)

SCRUT NIMCRUT CRAT CLAT
CLT NIWOMCRUT FLIP

Percent Payout: _____ %
Payout Frequency (check one): Annually Semi-Annually Monthly Quarterly
Date Trust Signed: _____ / _____ / _____ Funding Date: _____ / _____ / _____

Funded With: Asset Type: (ex: 50 shares of IBM) _____
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