Trust Profile Summary

TRUST SUMMARY

Name of Trust

Date of Trust

Has this trust been amended? ☐ Yes ☐ No
If yes, please attach amendments.

Is this a GST or NON-EXEMPT Trust?

EIN of Trust

Legal Name of Grantor

Nickname

Is this a Grantor Trust?
☐ Yes ☐ No

Does the trust have its own EIN?
☐ Yes ☐ No

Will the Grantor's SSN be used for trust filings?
☐ Yes ☐ No

If yes, please provide the EIN

If this is a newly created trust, does client / attorney want Corient Trust Company to request a new EIN? ☐ Yes ☐ No

GRANTOR

SSN of Grantor

Date of Birth

Is Grantor living?
☐ Yes ☐ No

If deceased, please include DOD and **attach** Death Certificate

Legal Address

Apt.

City

State

Zip

Source of Wealth: (check and complete all that apply)

☐ Inheritance:

☐ Investment:

☐ Annual Earnings:

Please Explain:

EMPLOYER/COMPANY

Employer/Company Name

Direct Business Ownership

Name of Business

Type of Business

Type of Ownership

LEGAL SETTLEMENT

Legal Settlement

Amount of the Settlement

Type of Settlement

REAL ESTATE

Real Estate

Is the Real Estate owned directly by the trust or via an LLC?
Please explain:

List Real Estate Holdings

CORIENT

GRANTOR'S SPOUSE'S INFORMATION

Legal Name of Grantor's Spouse

Grantor's Spouse's Nickname

SSN of Grantor's Spouse

Date of Birth

Is Grantor's Spouse living?
☐ Yes ☐ No

If deceased, please include DOD and **attach** Death Certificate

Source of Wealth (check and complete all that apply) ☐ Same as Grantor

☐ Inheritance: ☐ Investment: ☐ Annual Earnings:

Please Explain:

EMPLOYER/COMPANY

Employer/Company Name

Direct Business Ownership

Name of Business

Type of Business

Type of Ownership

LEGAL SETTLEMENT

Legal Settlement

Amount of the Settlement

Type of Settlement

REAL ESTATE

Real Estate

Is the Real Estate owned directly by the trust or via an LLC?
Please explain:

List Real Estate holdings

CHILD

Legal Name

Date of Birth

Legal Address

Apt.

City

State

Zip

SSN

Marital Status

Does this child have capacity to execute documents?
☐ Yes ☐ No

CORIENT

CHILD

Legal Name | Date of Birth

Legal Address | Apt.

City | State | Zip

SSN | Marital Status

Does this child have capacity to execute documents?

☐ Yes ☐ No

CHILD

Legal Name | Date of Birth

Legal Address | Apt.

City | State | Zip

SSN | Marital Status

Does this child have capacity to execute documents?

☐ Yes ☐ No

CHILD

Legal Name | Date of Birth

Legal Address | Apt.

City | State | Zip

SSN | Marital Status

Does this child have capacity to execute documents?

☐ Yes ☐ No

CHILD

Legal Name | Date of Birth

Legal Address | Apt.

City | State | Zip

SSN | Marital Status

Does this child have capacity to execute documents?

☐ Yes ☐ No

CHILD FROM PRIOR MARRIAGE

Legal Name | Date of Birth | SSN

Legal Address | Apt.

City | State | Zip

Mother's Name | Father's Name | Marital Status

Does this child have capacity to execute documents?

☐ Yes ☐ No

If no, who will sign on his/her behalf?

CHILD FROM PRIOR MARRIAGE

Legal Name | Date of Birth | SSN

Legal Address | Apt.

City | State | Zip

Mother's Name | Father's Name | Marital Status

Does this child have capacity to execute documents?

☐ Yes ☐ No

If no, who will sign on his/her behalf?

CHILD FROM PRIOR MARRIAGE

Legal Name | Date of Birth | SSN

Legal Address | Apt.

City | State | Zip

Mother's Name | Father's Name | Marital Status

Does this child have capacity to execute documents?

☐ Yes ☐ No

If no, who will sign on his/her behalf?

CHILD FROM PRIOR MARRIAGE

Legal Name | Date of Birth | SSN

Legal Address | Apt.

City | State | Zip

Mother's Name | Father's Name | Marital Status

Does this child have capacity to execute documents?

☐ Yes ☐ No

If no, who will sign on his/her behalf?

GRANDCHILDREN

Legal Name | Date of Birth | SSN

Legal Address | Apt.

City | State | Zip

Mother's Name | Father's Name

Does this child have capacity to execute documents?

☐ Yes ☐ No

If no, who will sign on his/her behalf?

GRANDCHILDREN

Legal Name | Date of Birth | SSN

Legal Address | Apt.

City | State | Zip

Mother's Name | Father's Name

Does this child have capacity to execute documents?

☐ Yes ☐ No

If no, who will sign on his/her behalf?

GRANDCHILDREN

Legal Name | Date of Birth | SSN

Legal Address | Apt.

City | State | Zip

Mother's Name | Father's Name

Does this child have capacity to execute documents?

☐ Yes ☐ No

If no, who will sign on his/her behalf?

GRANDCHILDREN

Legal Name | Date of Birth | SSN

Legal Address | Apt.

City | State | Zip

Mother's Name | Father's Name

Does this child have capacity to execute documents?

☐ Yes ☐ No

If no, who will sign on his/her behalf?

CORIENT

GRANDCHILDREN

Legal Name

Date of Birth

SSN

Legal Address

Apt.

City

State

Zip

Mother's Name

Father's Name

Does this child have capacity to execute documents?

☐ Yes ☐ No

If no, who will sign on his/her behalf?

GRANDCHILDREN

Legal Name

Date of Birth

SSN

Legal Address

Apt.

City

State

Zip

Mother's Name

Father's Name

Does this child have capacity to execute documents?

☐ Yes ☐ No

If no, who will sign on his/her behalf?

GRANDCHILDREN

Legal Name

Date of Birth

SSN

Legal Address

Apt.

City

State

Zip

Mother's Name

Father's Name

Does this child have capacity to execute documents?

☐ Yes ☐ No

If no, who will sign on his/her behalf?

GRANDCHILDREN

Legal Name

Date of Birth

SSN

Legal Address

Apt.

City

State

Zip

Mother's Name

Father's Name

Does this child have capacity to execute documents?

☐ Yes ☐ No

If no, who will sign on his/her behalf?

CORIENT

BACKGROUND

Purpose of Estate Plan: (Testamentary Trust, Marital Trust, Family Trust, PPLI, SLATs, etc.)

Is Corient Trust Company being asked to replace the current trustee (i.e., once accepted, CTC to serve as trustee immediately)? ☐ Yes ☐ No

Is Corient Trust Company being written in to the trust instrument as a future appointment? ☐ Yes ☐ No

CO-TRUSTEE

Does client require a co-trustee? ☐ Yes ☐ No

If so, whom? | Phone Number | Email Address

Legal Address | Apt.

City | State | Zip

CURRENT TRUSTEE

Trustee Name: | Name of contact for Current Trustee

Legal Address | Suite

City | State | Zip

Phone Number | Email Address

Does the trustee listed above intend to resign? ☐ Yes ☐ No

If yes, has lead advisor spoken with the client and Trustee and confirmed Trustee is willing to resign? ☐ Yes ☐ No

If no, please explain:

Does client wish to remove current trustee? ☐ Yes ☐ No

If yes, has the client spoken with the trustee?

TRUST PROTECTOR

Name of Trust Protector | Phone Number | Email Address

Legal Address | Apt.

City | State | Zip

INVESTMENT ADVISOR (prior to Corient)

Investment Advisor's Name | Phone Number | Email Address

Legal Address | Apt.

City | State | Zip

ASSET SUMMARY

Current Approximate Value | Statement Date

$

Assets in Trust:

Marketable Securities:

$

Real Estate [1]

$

Is the Real Estate held in an LLC? | Who is the manager of the LLC? | Is there a lease agreement?

Life Insurance [2]

$

Closely Held business Interest/LP Interest [3]

$

Promissory Note [4]

$

Other (explain)

$

$

$

$

Please ATTACH the documents requested for each asset class.

1. Title or Deed, Proof of Value, Evidence of Insurance.
2. Copy of Insurance Policy, Annual Premium Payments, Crummey Notice Requirement.
3. Operating Agreement, Articles of Incorporation, Certificate of Good Standing.
4. Copy of Note, Collateral Agreement, Schedule of Payments

CPA (Name of CPA client wishes to use to prepare the Fiduciary Tax Return)

Name of CPA | Phone Number | Email Address

Legal Address | Apt.

City | State | Zip

Have the fiduciary tax returns been timely filed and tax payments timely remitted ☐ Yes ☐ No

If not, please explain

Does client wish to remove current trustee? ☐ Yes ☐ No

If yes, Corient Trust Company will introduce the Tax Team to provide a proposal.

Form as of June 2025