

Data Form For Irrevocable Trust

HERITAGE AMERICA

11022 Southwest Hwy.

Palos Hills, IL 60465

(708) 974-3232

CONFIDENTIAL

Name of Trust: The _____ Irrevocable Trust 1

Trustor(s) is/are: Married Widow/er Single/Divorced

Trustor(s): _____ (and) _____ 2

Social Security #: _____ - _____ - _____ (and) _____ - _____ - _____

Trustor's Address: _____ 3

(Street Address)

(City)

(State)

(ZIP)

Trustor's County: _____ Trustor's Phone: (_____) _____

Trustee: _____ 6

Trustees Address: _____ 7

(Street Address)

(City)

(State)

(ZIP)

Alternate Trustee: _____

Heritage Representative: _____

Representative Phone: (_____) _____

Amt. Paid with Data Form: _____ Check # _____ Date ___/___/___

Beneficiaries of 1st Trustor:

Name of Heir	Relationship	Amount
#1 _____	_____	_____ 9
#2 _____	_____	_____
#3 _____	_____	_____
#4 _____	_____	_____
#5 _____	_____	_____

Beneficiaries of 2nd Trustor:

Name of Heir	Relationship	Amount
#1 _____	_____	_____ 9
#2 _____	_____	_____
#3 _____	_____	_____
#4 _____	_____	_____
#5 _____	_____	_____

Beneficiaries of any 2nd-To-Die Policies:

Name of Heir	Relationship	Amount
#1 _____	_____	_____ 9
#2 _____	_____	_____
#3 _____	_____	_____
#4 _____	_____	_____
#5 _____	_____	_____

I/We understand and acknowledge that I/we am/are creating an irrevocable trust and that I/we will not be the Trustees. I/We understand and acknowledge that the preparation of this trust will be in connection with my/our membership in Heritage America. I/We understand that it is my/our sole responsibility to fund this trust with whatever assets I/we choose, and that assets transferred to the irrevocable trust within 3 years of my/our death(s) will be part of my/our estate(s) for federal estate tax purposes.

Signed _____ Date _____ Signed _____ Date _____