



For you. For them. For generations to come.

The following information should be obtained prior to referring to DTC for contact.

Please fax to (775) 826-7904

Referral Information

Dunham Region _____

FA's Name _____

FA's Phone _____

FA's Firm _____

Trust Information

Is this an opportunity to establish a New Trust or to Takeover an existing Trust?

If existing, Trust is currently at _____

Name of Trust _____

Name of Grantor(s) "Creator" of Trust _____

Is Grantor: Alive Incompetent Deceased

Is Trustee(s) related to Grantor(s): Yes No

Trust Governed by the laws of the state of _____

Current Trustee _____

Beneficiary Name:

Name	Age	Tax Bracket
_____	_____	_____
_____	_____	_____
_____	_____	_____

Beneficiary investment instructions: Income Balance Growth Aggressive Growth

Does Beneficiary need a monthly remittance: No Yes, monthly amount needed: \$_____



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Total value of Trust: \$ _____

Total market value of real estate in Trust: \$ _____

Total value of other non-securities assets: \$ _____

Please list non-securities assets:

Item: _____ \$ _____

Item: _____ \$ _____

Item: _____ \$ _____

Please attach copy of most recent statement(s).

Do statements include cost basis? Yes No

TO BE COMPLETED BY DTC

Irrevocable:

A1 A2 A3 A4

Revocable:

B1 B2

Notes:
