



## TRUST DECLARATION INSTRUCTIONS

FirstLight Federal Credit Union is pleased you are opening a trust account with us. The following form will assist us in completing the account application forms. Our Member Service Teams are here to assist you in opening a trust account, but cannot provide any advice, unauthorized opinions on structuring trusts, or interpreting the court documents establishing the trust. In an effort to ensure properly opened accounts, we request all trust accounts obtain a Trust Declaration Form prior to opening. Consult legal representation if you have any questions about how to establish a trust.

### Trust Information

- Please provide the name of the trust as specified in the trust documents.
- Circle the Type of Trust specified in your documentation.
  - Revocable trusts allow the grantor to reclaim any property and revoke the trust at will.
  - Irrevocable trusts cannot be revoked by the grantor after creation.
- Trust TIN is the tax identification number assigned by the IRS or social security number of the primary person granting the trust.
- Date of trust creation is the date the trust was signed or acknowledged by filing.
- Amendment date is the date of any amendments to the trust. If no known amendments, write N/A.

### Grantor Information and Second Grantor Information

Grantor— an individual who creates a trust by transferring ownership of his or her assets to the trust (also known as a settlor, trustor, creator, or donor).

- Name and Contact Information- Address, City, State, Zip, Phone Number, and Email Address.
- Biographic Information - Date of Birth and Social Security Number (SSN).

### Trustee Information and Second Trustee Information

Trustee – one or more individuals responsible for managing the assets in the trust according to the terms of the trust document. The trustee's role is to carry out the objectives in support of the beneficiaries. The grantor can also be the trustee during his/her lifetime.

- Name and Contact Information- Address, Phone Number, and Email Address.
- Biographic Information - Date of Birth and Social Security Number (SSN).

### Successor Trustee Information and Second Successor Trustee Information

Successor Trustee – one or more individuals assigned to take on the role and responsibility of trustee upon the resignation, incapacity, or death of the original trustee.

- Name and Contact Information- Address, City, State, Zip, Phone Number, and Email Address.
- Biographic Information - Date of Birth and Social Security Number (SSN).

### Beneficiary Information First through Sixth

Beneficiary – one or more individuals designated to benefit from the trust and receive assets according to the terms of the trust document.

- Name and Contact Information- Address, City, State, Zip, Phone Number, and Email Address.
- Biographic Information - Date of Birth and Social Security Number (SSN).

If you require more space, please use additional sheets of paper as necessary.

Sign on Page 3 in the presence of a Member Services Representative or provide a notarized signature.

**If you have any questions about structuring a trust, please consult legal counsel.**

## TRUST DECLARATION

### TRUST INFORMATION

Name of the Trust:			
Trust Type (Circle One):	Irrevocable	Revocable	Other:
Trust TIN/SSN:	Date of Trust Creation:	Amendment Date:	

### GRANTOR INFORMATION

Name of Grantor:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	
Date of Birth:	SSN:	

### SECOND GRANTOR INFORMATION

Name of Grantor:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	
Date of Birth:	SSN:	

### TRUSTEE INFORMATION

Name of Trustee:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
Date of Birth:	SSN:	Phone:

### SECOND TRUSTEE INFORMATION

Name of Trustee:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
Date of Birth:	SSN:	Phone:

### SUCCESSOR TRUSTEE INFORMATION

Name:	Address:	
Date of birth:	SSN:	Phone:

### SECOND SUCCESSOR TRUSTEE INFORMATION

Name:	Address:	
Date of birth:	SSN:	Phone:

<b>TRUST NAME:</b>		
<b>BENEFICIARY INFORMATION</b>		
Name:	Address:	
Date of birth:	SSN:	Phone:
<b>SECOND BENEFICIARY INFORMATION</b>		
Name:	Address:	
Date of birth:	SSN:	Phone:
<b>THIRD BENEFICIARY INFORMATION</b>		
Name:	Address:	
Date of birth:	SSN:	Phone:
<b>FOURTH BENEFICIARY INFORMATION</b>		
Name:	Address:	
Date of birth:	SSN:	Phone:
<b>FIFTH BENEFICIARY INFORMATION</b>		
Name:	Address:	
Date of birth:	SSN:	Phone:
<b>SIXTH BENEFICIARY INFORMATION</b>		
Name:	Address:	
Date of birth:	SSN:	Phone:
<b>ADDITIONAL INFORMATON</b>		

