



Multi-Generational or Single Generation

NFA Trust Information

CLIENT INFORMATION

Full Name: _____

Date of Birth ____/____/____

Address: _____

City, State, & Zip: _____

County: _____ Email: _____

If Married, Name of Spouse: _____

Include Spouse as Trustee? Yes No

Cell Phone No. _____

Preferred Name of Trust (Short is Best): _____

TRUSTEE INFORMATION (Trustees Must be 18 years of age or older)

1) Full Name: _____

Address: _____

City, State, & Zip: _____

Date of Birth ____/____/____

2) Full Name: _____

Address: _____

City, State, & Zip: _____

Date of Birth ____/____/____

3) Full Name: _____

Address: _____

City, State, & Zip: _____

Date of Birth ____/____/____

4) Full Name: _____

Address: _____

City, State, & Zip: _____

Date of Birth ____/____/____

if you have more trustee please add information on a separate page.

BENEFICIARY INFORMATION

1) Full Name: _____

Relationship to you? Spouse Sibling Son/Daughter Other _____

2) Full Name: _____

Relationship to you? Spouse Sibling Son/Daughter Other _____

3) Full Name: _____

Relationship to you? Spouse Sibling Son/Daughter Other _____

4) Full Name: _____

Relationship to you? Spouse Sibling Son/Daughter Other _____

if you have more beneficiaries please add information on a separate page.

FOR OFFICE USE ONLY

Date of Payment: _____

Invoice Given: Yes No **Notes:** _____

Payment: Cash Check Visa MC AMEX Discover Other _____

Last 4 Digits: _____

Approval #: _____

Source: Internet Gun Show Location: _____ Referral _____