



Future Account Application

APPLICATIONS@COVENANTTRUSTLLC.COM

(866) 659-3404

COVENANTTRUSTLLC.COM

YOUR INFORMATION

Contact Information

Name: _____

Signature: _____

(How you usually sign a legal document)

Address: _____

Email: _____

Phone Numbers: _____

Home

Cell

Work

Other Information

Occupation : _____

Date of Birth: _____

Date Domicile Established in State: _____

US Citizen: _____ If no, Country of Citizenship: _____

Employer: _____

Social Security Number: _____

Date of Marriage: _____

SPOUSE'S INFORMATION

Contact Information

Name: _____

Signature: _____

(How you usually sign a legal document)

Address: _____

Email: _____

Phone Numbers: _____

Home

Cell

Work

Other Information

Occupation : _____

Date of Birth: _____

Date Domicile Established in State: _____

US Citizen: _____ If no, Country of Citizenship: _____

Employer: _____

Social Security Number: _____

Date of Marriage: _____

CHILDREN'S INFORMATION

Joint Children

| Child's Full Name | Address | Date of Birth | Marital Status | # of Children |
|-------------------|---------|---------------|----------------|---------------|
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Your Children from Prior Relationship

| Child's Full Name | Address | Date of Birth | Marital Status | # of Children |
|-------------------|---------|---------------|----------------|---------------|
| | | | | |
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Spouse's Children from Prior Relationship

| Child's Full Name | Address | Date of Birth | Marital Status | # of Children |
|-------------------|---------|---------------|----------------|---------------|
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Were any children or grandchildren born out of wedlock? _____

Were any children or grandchildren adopted? _____

MISCELLANEOUS INFORMATION

Do you currently have Estate Planning documents in place? If so, please send us a copy. Y N

Do you currently have a marital or premarital agreement in place? If so, please send us a copy. Y N

Have you ever filed gift tax returns? If so, please send us a copy. Y N

May we have copies of any of the following:

1) Recent personal and corporate tax return? Y N

2) Incorporation or partnership documents? Y N

3) Personal financial statements? Y N

4) Business financial statements? Y N

Are all beneficiaries US Citizens? Y N

Do any beneficiaries have special needs (mental or physical)? Y N

Do you have serious health problems or other similar pressing concerns? Y N

Do you have a specific deadline for completion of Estate Planning documents? (travel plans, surgery, etc.)

Y N _____

Do you have a particular motivation for planning? (e.g., guardianship, tax minimization, probate avoidance,

family concerns) Y N _____

Are you financially responsible for the care of others? (disregard minor or student children) Y N

Are you expecting a significant inheritance or are otherwise named as the beneficiary of a trust established by

others? Y N

Were you referred to us? If so, by whom? Y N _____

MISCELLANEOUS INFORMATION

Other Advisors

Accountant: _____

Insurance Agent: _____

Banker: _____

Financial Advisor: _____

Attorney: _____

Other Advisor: _____

Please help us to understand your goals by listing them below and ranking their priority:

Priority:

Goal:

| Priority: | Goal: |
|-----------|-------|
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Examples:

Financial Adequate Income, Safety, Growth, Business Succession, Asset Protection, Tax Reduction...

Family Family Protection and Harmony, Increased Leisure, Support of Charity or Parents...

After Death Pass Assets to Children/Grandchildren, Estate Tax Reduction, Asset Protection...

Signatures

Completed For: _____

Completed By: _____

Date: _____



COVENANTTRUSTLLC.COM

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