



PRIVATE TRUST DATA FORM

PERSONAL DATA

You

Full Name _____

Home address _____

Employer _____

Phone Number _____

Date of Birth _____

Spouse

Full Name _____

Home address _____

Employer _____

Home Phone _____ Work Phone _____

Date of Birth _____

CHILDREN

Full Name	Date of Birth
1. _____	_____
2. _____	_____
3. _____	_____

DIVORCE

Have you had any marriage which ended in divorce?

If yes, when was the divorce?

Please supply a copy of your divorce order and any financial orders if you have these available.

ESTATE DATA

Location and Type of Property	How Title is Registered ¹	Present Value ²
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SHARES/STOCKS

Company	Volume/Value	PLC/LTD?	CSCS No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE

Company	Type of Policy*	Owner	Beneficiary	Face Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYEE BENEFITS**PENSION-You**

1. Are you covered in a qualified pension plan? yes no
2. What is your RSA Number? _____

¹ Such as individual name, jointly owned, etc.

² Do not deduct mortgage here

* Term, Whole life, etc.

List any instructions regarding limitations on distributions (such as completion of University Education, etc.), or special situations (such as starting a business, getting married, etc.).

Do you wish to disinherit any child, grandchild, or other person? If yes, you must list their names here.

Is there anyone who you think might have a claim on your estate whom you do not want to benefit from your Will?

If you propose to leave a legacy to someone who is married into your family e.g. a son in law, do you still wish them to benefit if they divorce?

Do you want a will contest clause (beneficiary gets nothing if he/she contests will or gift)?

If your children are under age eighteen (18), state the full name, address, and relationship (if any) of the person you wish to act as their guardian (custody) in the event of your death (in the case of a single parent) or in case of the joint death of you and your spouse (if married). You should obtain the consent of the person(s) before executing your Will.

NOTE: A guardian is a person lawfully invested with the power, and charged with the duty, of taking care of the person who is incapable of doing so because of age or other incapacity.

GUARDIAN(S)

a. Name(s): _____

b. Address: _____

c. City: _____

d. State: _____

e. Relationship (if any): _____

If the person or entity listed above is unwilling or unable to serve as guardian, please list an alternate:

SUCCESSOR GUARDIAN(S)

a. Name(s): _____

b. Address: _____

c. City: _____

d. State: _____

e. Relationship (if any): _____

If you want the guardian to receive a stipend/compensation for taking on the responsibilities of guardian, please set forth the details (e.g. monthly, annually etc.).

I hereby undertake and declare that all the statements made above and overleaf are true and correct and that I have not withheld any material information. I also agree to give notice to CSL TRUSTEES LIMITED in the event of any change in the information given.

Name: _____

Signature: _____

Date: _____

Special Requests:

