

Trust Intake Form

All fields marked with an * are required. Full explanation of each field provided on our website and digital copy of this PDF, please direct any questions to contact@199trust.com

Full Name of "Settlor" and Primary Trustee *

name of person forming the trust

COUNTY (or borough, parish, independent city) where the Settlor resides *

What STATE does the Settlor reside in? *

state that the Trust will be initially formed in.

Co-Trustee(s) full name(s) (leave blank if none): *

can possess firearms/NFA items in the Trust

What is the Successor Trustee's Full name? *

must be someone other than Settlor, 18 or older, able to legally possess firearms

Beneficiary(ies) (Full Name: First Middle Last) *

can not possess items unless also co-trustee

What would you like to name the Trust? *

Customer Email (optional)

Phone Number (optional)