

LIVING TRUST, LIMITED LIABILITY and COMPLEX TRUST APPLICATION

Complete Estate Plan Application to include one living trust, up
to four limited liability entities, and two contract business trusts.

VERSION 4.0

April 15, 2003

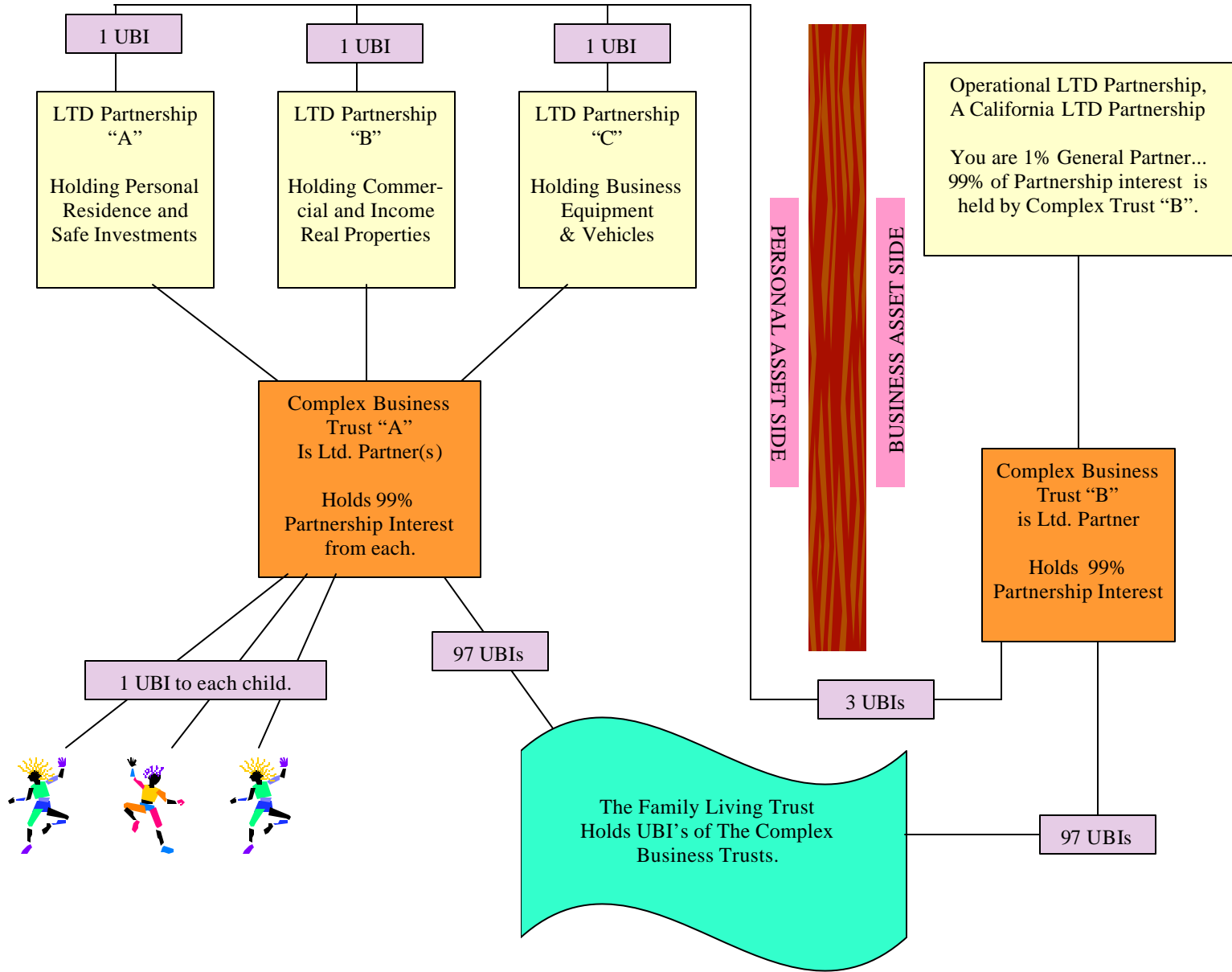
BALDWIN TRUST GROUP
6966 SUNRISE BLVD
PMB 246
CITRUS HEIGHTS, CA 95610
(916) 722-0667
Member California Chamber of Commerce

www.baldwintrustgroup.org

ESTATE PLAN SOLUTIONS
For: John & Mary Taxpayer

ASSET PROTECTION & HOLDING STRUCTURE

OPERATIONAL ENTITY STRUCTURE



SECTION 3 - IRC § 1041 CONTRACT TRUST APPLICATION

UNINCORPORATED BUSINESS ORGANIZATION (UBO) ENTITY INFORMATION:

0 Type of Entity - Number 1: (Choose One)

Holding Trust Business Trust Charitable Remainder Annuity Trust (CRAT) Real Estate Investment Trust (REIT) Other

Entity Name and Address: (Please choose one) Business Entity Personal Entity

Name _____ Address _____

City _____ State _____ Zip -

Date of Creation: / / MM / DD / YY State to set up Entity in: _____

County to set up Entity in: _____

Trust Creator #1:

Name: _____
Address: _____
Phone: () _____

Trust Creator #2:

Name: _____
Address: _____
Phone: () _____

Property Grantor #1:

Name: _____
Address: _____
Phone: () _____

Property Grantor #2:

Name: _____
Address: _____
Phone: () _____

Independent Trustee: (Fiduciary)

Name: _____
Address: _____
Phone: () _____

Adverse Trustee: (Related)

Name: _____
Address: _____
Phone: () _____

Successor Independent Trustee:

Name: _____
Address: _____
Phone: () _____

Non - Adverse Trustee: (Non - Related)

Name: _____
Address: _____
Phone: () _____

Entity - Number 1: (continuation)

Banking Agent 1: (Agent)

Name: _____
Address: _____
Phone: () _____

Banking Agent 2: (Agent)

Name: _____
Address: _____
Phone: () _____

Assistant Manager #1: (Agent)

Name: _____
Address: _____
Phone: () _____

Assistant Manager #2: (Agent)

Name: _____
Address: _____
Phone: () _____

Trust Advisor #1: (Agent)

Name: _____
Address: _____
Phone: () _____

Trust Advisor #2: (Agent)

Name: _____
Address: _____
Phone: () _____

Reviewing Attorney:

Name: _____
Address: _____
Phone: () _____

Creator's Notary:

Name: _____

Grantor's Notary:

Name: _____

Trustee's Notary:

Name: _____

Is any real property being transferred into this trust? YES: NO: If "YES"; which properties by address:

Is this an "Original" or "Reformation of Trust"? _____ Is this "Simple" or "Complex"? _____

Trust Protector:

Name: _____
Address: _____
Phone: () _____

Is the Protector a trustee? YES: NO:

CERTIFICATES and UNITS OF BENEFICIAL INTEREST DATA:

Entity - Number 1: (continuation)

Enter the Number of "Unit of Beneficial Interest" to be distributed. **NUMBER OF UNITS:** _____

Name(s) of Holder(s)	Address of Holder(s)	No. Units

TOTAL: _____

Beneficiaries are those Persons or entities who hold Units of Beneficial Interest in **EXCHANGE** for property (real or personal) placed into the trust in anticipation of future profits and/or interest distributions. They no longer own the **EXCHANGED** assets. Since the Trustee issues Certificates to those who **EXCHANGE** assets for future profits, care should be taken to ensure that "gift" and/or "transfer" taxes are not triggered by issuing Units to persons who did not **EXCHANGE** any property. Use of the "Annual Exclusion", i.e., \$10,000.00 per year per person, can give you some latitude in distributing Certificates among other family members, such as your minor children.

Name(s) of Suggested Beneficiaries	Relationship to Grantor(s) / Creator(s)	Percent

ö Type of Entity - Number 2: (Choose One)

Holding Trust { } Business Trust { } Charitable Remainder Annuity Trust (CRAT) { } Real Estate Investment Trust (REIT) { } Other { }

Entity Name and Address:

(Please choose one)

Business Entity { } Personal Entity { }

Name _____ Address _____

City _____ State _____ Zip -

Date of Creation: / /
MM / DD / YY

State to set up Entity in: _____

County to set up Entity in: _____

Trust Creator #1:

Name: _____
Address: _____
Phone: (_____)

Trust Creator #2:

Name: _____
Address: _____
Phone: (_____)

Property Grantor #1:

Name: _____
Address: _____
Phone: (_____)

Property Grantor #2:

Name: _____
Address: _____
Phone: (_____)

Independent Trustee: (Fiduciary)

Name: _____
Address: _____
Phone: (_____)

Adverse Trustee: (Related)

Name: _____
Address: _____
Phone: (_____)

Successor Independent Trustee:

Name: _____
Address: _____
Phone: (_____)

Non - Adverse Trustee: (Non - Related)

Name: _____
Address: _____
Phone: (_____)

Entity - Number 2: (continuation)

Banking Agent 1: (Agent)

Name: _____
Address: _____
Phone: () _____

Banking Agent 2: (Agent)

Name: _____
Address: _____
Phone: () _____

Assistant Manager #1: (Agent)

Name: _____
Address: _____
Phone: () _____

Assistant Manager #2: (Agent)

Name: _____
Address: _____
Phone: () _____

Trust Advisor #1: (Agent)

Name: _____
Address: _____
Phone: () _____

Trust Advisor #2: (Agent)

Name: _____
Address: _____
Phone: () _____

Reviewing Attorney:

Name: _____
Address: _____
Phone: () _____

Creator's Notary:

Name: _____

Grantor's Notary:

Name: _____

Trustee's Notary:

Name: _____

Is any real property being transferred into this trust? YES: NO: If "YES"; which properties by address:

Is this an "Original" or "Reformation of Trust"? _____ Is this "Simple" or "Complex"? _____

Trust Protector:

Name: _____
Address: _____
Phone: () _____

Is the Protector a trustee? YES: NO:

CERTIFICATES and UNITS OF BENEFICIAL INTEREST DATA:

Entity - Number 2: (continuation)

Enter the Number of "Unit of Beneficial Interest" to be distributed. NUMBER OF UNITS: _____

Name(s) of Holder(s)	Address of Holder(s)	No. Units

TOTAL: _____

Beneficiaries are those Persons or entities who hold Units of Beneficial Interest in **EXCHANGE** for property (real or personal) placed into the trust in anticipation of future profits and/or interest distributions. They no longer own the **EXCHANGED** assets. Since the Trustee issues Certificates to those who **EXCHANGE** assets for future profits, care should be taken to ensure that "gift" and/or "transfer" taxes are not triggered by issuing Units to persons who did not **EXCHANGE** any property. Use of the "Annual Exclusion", i.e., \$10,000.00 per year per person, can give you some latitude in distributing Certificates among other family members, such as your minor children.

Name(s) of Suggested Beneficiaries	Relationship to Grantor(s) / Creator(s)	Percent

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code	5b City, state, and ZIP code
	6 County and state where principal business is located	
	7a Name of principal officer, general partner, grantor, owner, or trustor	7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN) _____
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (SSN of grantor) _____
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶ _____	Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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9 Reason for applying (check only one box)

<input type="checkbox"/> Started new business (specify type) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year) _____

11 Closing month of accounting year _____

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ _____

13 Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter "-0-." ▶ _____

	Agricultural	Household	Other
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14 Check **one** box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
 Legal name ▶ _____ Trade name ▶ _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ()
	Address and ZIP code	Designee's fax number (include area code) ()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ _____	Applicant's telephone number (include area code) ()
Signature ▶ _____	Applicant's fax number (include area code) ()
	Date ▶ _____

Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.¹ **See also the separate instructions for each line on Form SS-4.**

IF the applicant...	AND...	THEN...
Started a new business	Does not currently have (nor expect to have) employees	Complete lines 1, 2, 4a-6, 8a, and 9-16c.
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a-6, 7a-b (if applicable), 8a, 8b (if applicable), and 9-16c.
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1-5b, 7a-b (if applicable), 8a, 9, and 16a-c.
Changed type of organization	Either the legal character of the organization or its ownership changed (e.g., you incorporate a sole proprietorship or form a partnership) ²	Complete lines 1-16c (as applicable).
Purchased a going business ³	Does not already have an EIN	Complete lines 1-16c (as applicable).
Created a trust	The trust is other than a grantor trust or an IRA trust ⁴	Complete lines 1-16c (as applicable).
Created a pension plan as a plan administrator ⁵	Needs an EIN for reporting purposes	Complete lines 1, 2, 4a-6, 8a, 9, and 16a-c.
Is a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	Complete lines 1-5b, 7a-b (SSN or ITIN optional), 8a-9, and 16a-c.
Is administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1, 3, 4a-b, 8a, 9, and 16a-c.
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042 , Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b (if applicable), 8a, 9, and 16a-c.
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	Complete lines 1, 2, 4a-5b, 8a, 9, and 16a-c.
Is a single-member LLC	Needs an EIN to file Form 8832 , Classification Election, for filing employment tax returns, or for state reporting purposes ⁸	Complete lines 1-16c (as applicable).
Is an S corporation	Needs an EIN to file Form 2553 , Election by a Small Business Corporation ⁹	Complete lines 1-16c (as applicable).

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. **A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.**

² However, **do not** apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. (The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).)

³ Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, IRA trusts that are required to file **Form 990-T**, Exempt Organization Business Income Tax Return, must have an EIN.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. **See Rev. Proc. 2000-12.**

⁷ See also *Household employer* on page 4. (**Note:** State or local agencies may need an EIN for other reasons, e.g., hired employees.)

⁸ Most LLCs **do not** need to file Form 8832. See **Limited liability company (LLC)** on page 4 for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.



Estate Plan Selection For:

Family Name _____
YY _____

and

MM	/	DD	/	YY
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Personal Protection:

LTD Partnership "1" / "A"

	Yes	No	
GP1 _____	<input type="checkbox"/>	<input type="checkbox"/>	%
GP2 _____	<input type="checkbox"/>	<input type="checkbox"/>	%

Holding Personal Residence and Safe Investments.

(Should hold 1 UBI from Complex Trust "B".)

LTD Partnership "2" / "B"

	Yes	No	
GP1 _____	<input type="checkbox"/>	<input type="checkbox"/>	%
GP2 _____	<input type="checkbox"/>	<input type="checkbox"/>	%

Holding Commercial and Income Properties.

(Should hold 1 UBI from Complex Trust "B".)

LTD Partnership "3" / "C"

	Yes	No	
GP1 _____	<input type="checkbox"/>	<input type="checkbox"/>	%
GP2 _____	<input type="checkbox"/>	<input type="checkbox"/>	%

Holding Business Equipment and Vehicles.

(Should hold 1 UBI from Complex Trust "B".)

Irrevocable Complex Business Trust "1" / "A"

	Yes	No
<input type="checkbox"/> and is the Limited Partner to the Partnership(s) above and holds _____ % of limited partnership interest.	<input type="checkbox"/>	<input type="checkbox"/>

Please fill in all appropriate partnership percentages and UBI distributions.

For each entity required to complete this estate plan; select it by clicking within the "YES" circle. To disregard it's necessity, click within the appropriate "NO" circle.

The final decision regarding the client structure is determined jointly between the reviewing attorney and the client.

REMEMBER: **Limited Partnerships "1", "2", "3", and CBO "1"** are used for personal asset protection.

The " _____ " Family Living Trust

	Yes	No
<input type="checkbox"/> It Holds _____ UBIs from CBO "2"	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> It Holds _____ UBIs from CBO "1"	<input type="checkbox"/>	<input type="checkbox"/>

LTD Partnership "4" / "D"

	Yes	No	
GP1 _____	<input type="checkbox"/>	<input type="checkbox"/>	%
GP2 _____	<input type="checkbox"/>	<input type="checkbox"/>	%

Holding Business Equipment and Vehicles.

(Should hold 1 UBI from Complex Trust "B".)

Irrevocable Complex Business Trust "2" / "B"

	Yes	No
<input type="checkbox"/> Is the Limited Partner to the Partnership(s) above and hold _____ % of limited partnership interest.	<input type="checkbox"/>	<input type="checkbox"/>

Business Protection:

DISCLAIMER STATEMENT

Client(s) certify that Client(s) have read and approved the information contained in this application. Client(s) attest that the Information supplied by me/us is correct and complete to the best of my/our knowledge.

Client(s) certify that Client(s) have placed an order for a IR / Revocable Living Trust with _____, hereinafter referred to as the "Agent."

Client(s) agree that the preparer of the trust documents shall be held harmless and indemnified for any expense and /or loss resulting from the consequences of information or request not made known to the preparer of the trust documents prior to the trust preparation. Client(s) understand Client(s) have the right to a one (1) day recision of my/our order and due a complete refund minus twenty (20) percent of the total purchase price. After one (1) day, the Agent has no obligation to return Client(s) deposit.

The agent did not give legal or tax advice and did not represent himself/herself to be an attorney and/or accountant. Client(s) have been advised that Agent does not and will not practice law or give tax advise and advised me to consult with an attorney and/or accountant for legal or tax advice. Client(s) understand that Client(s) have an absolute right to select any attorney to prepare and review my/our trust; but use of an attorney other than one with whom Agent has an existing contractual relationship may result in substantially higher trust fees than those listed on the Trust receipt.

Client(s) realize that it is my/our responsibility for the funding of all securities to this trust agreement.

Client(s) know and agree that the price for the trust preparation is stated on the front page of this application. Client(s) agree to pay this price for my/our Trust Portfolio.

Type of Payment: - Check - Visa - MasterCard

Card Number

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Expiration Date

--	--

 /

--	--

 /

--	--

MM / DD / YY

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

NOTE: All payments are cash or check unless approved by the Trust Provider.