



RBC TRUST COMPANY (DELAWARE) LIMITED

TRUST REQUEST FORM

Date _____

GRANTOR'S NAME _____ Telephone _____

Social Security Number _____ Date of Birth _____

SPOUSE'S NAME _____

Social Security Number _____ Date of Birth _____

Grantor's Address _____
Number & Street

City, State & Zip Code

Is Spouse a Joint Grantor Yes No

Reg. Rep's Name _____ Rep # _____ Telephone _____

Fax Number _____ E-Mail Address _____

Company Name _____

Address _____ Branch # _____
Number & Street

City, State & Zip Code

Broker-Dealer's Name _____ B-D# _____ Telephone _____

Address (If different from Registered Representative) _____
Number & Street

City, State & Zip Code

Grantors' Attorney _____ Telephone _____

Address _____
Number & Street

City, State & Zip Code

INVESTMENT ADVISOR Trustee Donor Registered Rep. Other _____

FUNDING ASSETS

Description _____

Value _____

B. PROVISIONS FOR SPOUSE

MARITAL TRUST

Pay Income

- Quarterly Trustee’s discretion over Principal Distributions
- Semi-annually principal for health, education \$5,000 or 5% per year
- Annually support and maintenance At Spouse’s request
- Total Return Trust

FAMILY TRUST

Pay Income

- Quarterly Trustee’s discretion over Give spouse the power to
- Semi-annually principal for health, education withdrawal the greater of \$5,000 or 5%
- Annually support and maintenance of principal per year
- Total Return Trust

Other Provisions _____

C. PROVISIONS FOR NEXT BENEFICIARY (children, charities, others)

1. Beneficiary’s Name _____

Social Security Number _____ Date of Birth _____

Address _____
Number & Street

_____ City, State & Zip Code

Relationship to Grantor _____

- Regular Payments Trustee’s discretion Principal Distributions
- Pay income over principal for health, At beneficiary’s request
- Total return education, support and At beneficiary’s request
- per quarter year maintenance after age _____
- _____ % at age _____
- _____ % at age _____
- _____ % at age _____

Other Provisions _____

2. Beneficiary's Name _____

Social Security Number _____ Date of Birth _____

Address _____
Number & Street

City, State & Zip Code

Relationship to Grantor _____

- Regular Payments
 - Pay income
 - Total return
 - per quarter year

- Trustee's discretion over principal for health, education, support and maintenance

- Principal Distributions
 - At beneficiary's request
 - At beneficiary's request after age _____
 - _____ % at age _____
 - _____ % at age _____
 - _____ % at age _____

Other Provisions _____

3. Beneficiary's Name _____

Social Security Number _____ Date of Birth _____

Address _____
Number & Street

City, State & Zip Code

Relationship to Grantor _____

- Regular Payments
 - Pay income
 - Total return
 - per quarter year

- Trustee's discretion over principal for health, education, support and maintenance

- Principal Distributions
 - At beneficiary's request
 - At beneficiary's request after age _____
 - _____ % at age _____
 - _____ % at age _____
 - _____ % at age _____

Other Provisions _____
