

ACCOUNTANTS & CONSULTANTS PROFESSIONAL LIABILITY Trustee Services Supplement

1. Please provide the following information for each Trust (DO NOT include Life Insurance Trusts or Non-Funded Trusts):

<u>Name of</u> <u>Trustee</u>	<u>Name of</u> <u>Trust</u>	<u>Date of</u> <u>Appointment</u>	<u>Trust</u> <u>Assets</u>	<u>Annual</u> <u>Trust</u> Income	<u># of Trust</u> <u>Beneficiaries</u>	<u>Type of</u> <u>Trust</u>

- 1. For each trust, is there a written Trust Agreement or other form of engagement letter in place that specifically states the duties/authorities of the Trustee? Yes □ No □
 - a. If "NO", please explain:

2	Which services are rendered as the Trustee?
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a.	Bill Payment:	Yes 🗆	No 🗆
b.	Bookkeeping:	Yes 🗆	No 🗆
c.	Tax Return Preparation:	Yes 🗆	No 🗆
d.	Other:		

3. Is the revenue for Trustee Services *included* in the total gross revenues stated? Yes \Box No \Box

- a. If "NO", please explain: ______
- 4. The Trustee's fee arrangement is determined by:

a. Direct Billing to Trust:Yes □No □b. Trust Agreement:Yes □No □

c. Other:______



5. Does the Trustee engage in any of the following activities (if "YES", please explain, including the procedures in place to monitor the acts of any others performing Trustee services)?

	a.	Delegation of any Trustee duties to others?	Yes 🗆	No 🗆	
	b.	Employment (other than professional services) by the Trust of any of you ?	Yes 🗆	No 🗆	
	c.	Use of trust funds as loans to the Trustee or any of you ?	Yes 🗆	No 🗆	
	d.	Use of trust funds to invest in entities in which the Trustee, you , or a related an interest or management role:	d individu Yes □		
Doy	Do you have discretionary authority to make individual securities investments on behalf of the				
Trus	st?		Yes \Box	No 🗆	
	a.	If "YES", please explain:			
Doy	/ou a.	employ the services of a professional money manager/investment advisor? If "NO", please explain:	Yes 🗆	No 🗆	
Doy			Yes 🗆	No 🗆	
Are	a. all i				
Are	a. all i	If "NO", please explain:			
Are	a. all i	If "NO", please explain:			

Signature of Applicant: _____ Date: _____

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