TRUSTS — DOMESTIC & INTERNATIONAL CLIENT INTAKE QUESTIONNAIRE:

A TRUST ONLY WORKS IF IT IS FUNDED. Assets must actually be retitled into the trust, or your estate can still go through probate. If a person with a disability may receive an inheritance or settlement, talk to us BEFORE the money is paid — receiving it directly can cut off SSI and Medi-Cal benefits.

CONFIDENTIAL. This questionnaire covers revocable living trusts, irrevocable and specialty trusts, special needs trusts, and trusts formed outside the United States. Please answer as completely as you can. If a question does not apply, write "N/A." If unknown, write "Unknown."

NAME OF THE CLIENT(s):

[__] Client 1 (Settlor / Trustor): _____

[__] Client 2 (spouse / partner, if any): _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Syndicate Plan Member ID: _____ Plan Start Date: _____

Preferred method of contact:

[__] Phone [__] Text [__] Email

PART 1 — TYPE OF TRUST

Domestic Trusts:

[__] Revocable living trust (standard)
[__] Joint trust (married couple)
[__] Separate trusts
[__] Irrevocable trust
[__] Special needs trust → Part 5
[__] Life insurance trust (ILIT)
[__] Charitable trust
[__] Trust for minors / education
[__] Dynasty / GST trust
[__] Marital / bypass (A-B) trust
[__] Pet trust
[__] Business or land trust
[__] Amend or restate an existing trust
[__] Asset protection trust *

** For domestic or offshore asset protection trusts, please also complete our Asset Protection Trust Intake Form. For administering a trust after a death, see our Probate & Estate Administration form.*

International Trusts:

[__] Trust formed outside the U.S. → Part 6
[__] U.S. trust holding foreign assets
[__] Beneficiaries living abroad
[__] Not applicable

1.1 What are your main goals for the trust? _____

_____

_____

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PART 2 — YOU & YOUR FAMILY

2A Client 1:

Full Legal Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Citizenship / country of residence: _____ Occupation: _____

2B Client 2:

Full Legal Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Citizenship / country of residence: _____ Occupation: _____

2.1 Marital status:

[__] Married [__] Registered domestic partners [__] Single

[__] Divorced [__] Widowed

2.2 Children & Beneficiaries:

Name	Relationship	Date of Birth	Child Of (1, 2, Both)	Special Needs / Concerns?

2.3 Is any beneficiary a minor, disabled, or unable to manage money? [__] Yes [__] No

2.4 Do you want to leave anything to charity? [__] Yes [__] No

PART 3 — ASSETS & FUNDING

Assets must be retitled into the trust to avoid probate. Retirement accounts are usually left outside the trust with beneficiary designations.

Asset	Owner / How Titled	Est. Value $	Move Into Trust?
Primary residence			
Other real estate			
Real estate in another state or country			
Bank accounts			
Investment / brokerage accounts			
Retirement accounts (401k, IRA)			
Life insurance (death benefit)			
Business interests			
Vehicles / valuables			
Cryptocurrency / digital assets			

3.1 Approximate total estate value: $ _____ Total debts: $ _____

3.2 Would you like help retitling assets into the trust (deeds, account changes)? [__] Yes [__] No

PART 4 — TRUSTEES & BENEFICIARY TERMS

Role	Name	Relationship	Phone
Initial trustee(s)			
1st successor trustee			
2nd successor trustee			
Trust protector (optional)			

4.1 If co-trustees, they should act:

[__] Together (must agree) [__] Independently (either may act)

4.2 How should beneficiaries receive their shares?

[__] Outright at my death

[__] Held in trust until set ages

[__] Staggered distributions (e.g., 1/3 at 25, 30, 35)

[__] Trustee discretion for the beneficiary's lifetime

[__] Health, education, maintenance & support only

Ages for distribution: _____

4.3 Should shares be protected from a beneficiary's creditors or divorce (spendthrift)? [__] Yes [__] No

4.4 Do you want to leave nothing to a child or relative? [__] Yes [__] No

4.5 If a beneficiary dies before you, their share should go to: _____

PART 5 — SPECIAL NEEDS TRUST

5.1 Beneficiary name: _____ Date of birth / age: _____

5.2 Disability or condition: _____ Guardian / conservator: _____

5.3 Benefits currently received:

[__] SSI [__] Medi-Cal / Medicaid

[__] SSDI [__] IHSS

[__] Regional center services [__] Section 8 / housing

[__] None yet

5.4 Type of special needs trust:

[__] First-party (funded with the beneficiary's own money)

[__] Third-party (funded by family)

[__] Pooled trust

[__] Not sure

A first-party trust must generally be established before the beneficiary turns 65 and must repay Medicaid at death. A third-party trust has no payback requirement.

5.5 Where will the funds come from?

[__] Inheritance [__] Personal injury settlement

[__] Life insurance [__] Retirement account

[__] Gifts from family [__] Beneficiary's savings

Approximate amount: $ _____ When expected: _____

5.6 Does the beneficiary have an ABLE account? [__] Yes [__] No

5.7 Would a professional or nonprofit trustee be appropriate? [__] Yes [__] No

5.8 Who should receive what is left when the beneficiary dies? _____

PART 6 — INTERNATIONAL TRUSTS & FOREIGN ASSETS

6.1 Jurisdiction(s) of interest: _____ Reason: _____

6.2 Do you own accounts, property, or businesses outside the U.S.? [__] Yes [__] No

If yes, explain: _____

_____

6.3 Are you a U.S. citizen or U.S. tax resident? [__] Yes [__] No

6.4 Do any beneficiaries live outside the U.S.? [__] Yes [__] No

6.5 Have all required foreign account and trust reports been filed (FBAR, Forms 3520 / 3520-A, 8938)?

[__] Yes [__] No

Foreign trusts and foreign accounts carry annual U.S. reporting obligations with significant penalties for late or missed filings. Your CPA should be involved before any transfer.

6.6 Will a licensed foreign trust company serve as trustee? [__] Yes [__] No

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PART 7 — TAX, EXISTING DOCUMENTS & SIGNING

7.1 Priorities:

[__] Avoid probate [__] Minimize estate / gift tax

[__] Keep matters private [__] Protect beneficiaries

[__] Plan for incapacity [__] Not sure

7.2 Have you filed gift tax returns or used part of your exemption? [__] Yes [__] No

7.3 Have you discussed the plan with a CPA or financial advisor? [__] Yes [__] No

7.4 Existing documents:

[__] Will [__] Prior trust [__] Power of attorney

[__] Advance health care directive [__] None

Date signed / prepared by: _____

7.5 Can all clients sign in person before a notary? [__] Yes [__] No

We will also meet privately with each person creating the trust to confirm the decisions are their own.

PART 8 — DOCUMENT CHECKLIST

Please provide copies of the following, if available. Check each item you are including.

[__] Existing wills & trusts [__] Deeds to real estate

[__] Recent account statements [__] Retirement & life insurance beneficiary forms

[__] Business entity documents [__] Prenuptial / postnuptial agreement

[__] Benefit award letters (SSI / Medi-Cal) [__] Settlement or inheritance documents

[__] Foreign account & trust filings [__] Recent tax returns

Certification:

I/We declare that the information provided in this questionnaire is true, correct, and complete to the best of my/our knowledge, and that it reflects my/our own wishes. I/We understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of preparing a trust.

Signed and dated this ____ day of _____, 20___

Signature (Client 1): _____

Print Name: _____

Signature (Client 2): _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.