TRUST FUNDING
CASE PREPARATION GUIDE

For Client Direct Service:

PBO's goal in the partnership with your office is to accurately and efficiently complete the funding of your clients' trusts. We want to form a relationship that is as seamless as possible and eliminates the frustration of wasted time and energy. Here's how Client Direct Service works:

1. **The only documentation required from your office:**
   - A copy of your intake form (for names, addresses, dates of birth, etc.) including names, social security numbers and dates of birth for children or other relatives who may be designated as beneficiaries or trustees
   - An Affidavit or Certification of Trust.
   - The funding actions PBO will be taking. We ask that statements for all assets to be funded be included in your documentation packet to us. But, while statements for each asset are always preferred, we will follow up with the clients to obtain any missing statements.
   - You may simply include the asset listings from the intake form or proposed funding actions table you may have on file and write the funding actions next to each asset or write the instructions directly on each account statement. (For example, "to wife's trust", "to joint trust", "trust primary, spouse contingent" or "retitle to trust- spouse primary, trust contingent".)

2. **The process-**
   - Email, fax or mail the documentation for your client to PBO. [1]
   - We will work with the client from that point on:
     1. collecting any remaining statements not obtained by law office,
     2. providing the law office and/or client with a table of funding actions to be taken for review and authorization,
     3. sending the client a funding packet with specific signing instructions and forms needed to complete the actions,
     4. mailing follow-up correspondence to ensure timely completion of the funding process
     5. providing the law office and/or client with a closing packet including all confirmations received by PBO relative to the actions authorized.
     6. We will even bill the client directly if you prefer.

SUBMITTING A CASE

Cases may be submitted via mail to:

PBO Solutions, LLC
PO Box 7637
Cumberland, RI 02864

Overnight address:

2055 Diamond Hill Rd., #7637
Cumberland, RI 02864

Or email: funding@pbosolutions.com

Client Direct Service Funding Fees

$400 Base Fee plus $65 per funding action.

If billed through Law Office: 75% of the total case fee is due within 14 days of receipt of funding table and invoice. The final 25% billed upon completion of the case.

If billed directly to client: 100% of the fee will be required within 30 days. No document packets will be mailed until payment is received.

LAW OFFICE CONTACT INFORMATION SHEET

ATTORNEY
AND/OR
FIRM NAME: ______________________________

CONTACT PERSON: ______________________________

ADDRESS: ______________________________

CITY: ____________________ STATE: __________ ZIP: __________

EMAIL: ______________________________

PHONE: ______________________________

FAX: ______________________________

CLIENT DATA SHEET

CLIENT 1:

FULL NAME: ____________________

SIGNATURE NAME: ____________________

DOB: ____________________ SSN: ____________________

ADDRESS: ____________________

CITY: ____________________ STATE: __________ ZIP: __________

MAILING ADDRESS: ____________________

EMAIL: ____________________

PHONE: ____________________

EMPLOYED ☐ RETIRED ☐ HOMEMAKER ☐ OTHER: ☐

EMPLOYER NAME: ____________________

EMPLOYER ADDRESS: ____________________

EMPLOYER PHONE: ____________________

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CLIENT 2:

FULL NAME: ____________________

SIGNATURE NAME: ____________________

DOB: ____________________ SSN: ____________________

ADDRESS: ____________________

CITY: ____________________ STATE: __________ ZIP: __________

MAILING ADDRESS: ____________________

EMAIL: ____________________

PHONE: ____________________

EMPLOYED ☐ RETIRED ☐ HOMEMAKER ☐ OTHER: ☐

EMPLOYER NAME: ____________________

EMPLOYER ADDRESS: ____________________

EMPLOYER PHONE: ____________________

CHILD 1:

FULL NAME: ______________________________

DOB: ______________ SSN: ______________

ADDRESS: ______________________________

CITY: ______________ STATE: ________ ZIP: ________

PHONE: ______________________

CHILD 2:

FULL NAME: ______________________________

DOB: ______________ SSN: ______________

ADDRESS: ______________________________

CITY: ______________ STATE: ________ ZIP: ________

PHONE: ______________________

CHILD 3:

FULL NAME: ______________________________

DOB: ______________ SSN: ______________

ADDRESS: ______________________________

CITY: ______________ STATE: ________ ZIP: ________

PHONE: ______________________

CHILD 4:

FULL NAME: ______________________________

DOB: ______________ SSN: ______________

ADDRESS: ______________________________

CITY: ______________ STATE: ________ ZIP: ________

PHONE: ______________________

ATTACH ADDITIONAL SHEETS IF NECESSARY