

FULL FUNDING CASE PREPARATION GUIDE

The key to successful funding is complete and accurate documentation.

PBO Solutions depends on asset statements to verify the asset ownership, account number and mailing address and to prepare documents which will ensure the quick and complete funding of your client's trusts. It has been our experience that funding attempted without supporting documentation takes substantially longer to complete due to the high rate of revisions needed to correct misinformation.

Once the required documentation has been collected by your office, simply email or mail the client packet to PBO Solutions and we will take it from there.

New Case Packets Should Include:

1. **A Client Data Sheet.** If you have an intake sheet which provides the same information as our Client Data Sheet, it may be substituted.
2. **Trust Documentation.** (Affidavit/Certification of Trust)
3. **Statements** for each asset to be funded by PBO Solutions.
4. **Funding instructions** for each asset.
 - a. This is as simple as writing on each statement. Example: If changing beneficiaries on the husband's IRA to wife primary and his trust contingent, note H/WT on statement
 - b. If your office already has a funding table indicating actions to be taken, you may submit that in lieu of writing on each statement.

Our goal is to make sending cases to PBO Solutions as easy as possible for your staff. By obtaining account statements early on in your relationship with the client, you may easily assemble the information and submit the case to PBO Solutions as soon as the trust signing is complete.

The PBO Solutions Process

1. Submit your case using the Case Preparation Guide. **If submitting your first case with PBO, please complete the Law Office Contact Information Sheet as well.**
2. Upon receipt at PBO Solutions, the case information will be entered into our system within 24 hours.
3. A table indicating the funding actions we will be responsible for will be emailed to you for review as soon as the case is entered. The invoice for your case will be mailed shortly thereafter.
4. The funding packet, including letters, forms and detailed instructions for their completion, will be mailed to your office 3-4 weeks from that date.
5. When the documents have been signed, return them to PBO Solutions.
6. We will send the documents to the institutions within 24 hours of their return.
7. Once we have all of the funding actions confirmed, we will mail copies of all confirmation material received from the institutions as well as the final invoice reflecting any balance due.

Please Note: PBO Solutions does not handle real estate or motor vehicles.

PBO Solutions, LLC
PO Box 7637
2055 Diamond Hill Rd., #7637
Cumberland, RI 02864

Phone: (401) 475-0400
Fax: (401) 475-0004
Email: funding@pbosolutions.com

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

Trust Funding Fees

\$200 Base Fee plus \$65 per funding action.

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.

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LAW OFFICE CONTACT INFORMATION SHEET

ATTORNEY

AND/OR

FIRM NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____

FAX: _____

NNEPA MEMBER

WC MEMBER

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: _____

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