

TRUST FUNDING CASE PREPARATION GUIDE

For Self-Funding Packets:

PBO's goal in the partnership with your office is to form a relationship that is as seamless as possible and eliminates the frustration of wasted time and energy. Our Self-Funding Packets offer a cost-effective alternative to our full funding services allowing you to provide your client with customized funding documents (based on your funding directions) along with detailed instructions to aid the client in completing his/her own funding. Here's how our self-funding option works:

1. **Data, Data, Data-** The single most important role of the law office is to provide good data about the trustmakers, their assets, their Trusts and their funding actions. Copies of account statements, premium notices, cover sheets of insurance policies, partnership agreements, passbooks, or any other form of documentation that accurately identifies the ownership, the contact point with phone numbers, addresses, and when possible a contact person. We have found that the law offices most successful in obtaining good documentation are those where, early and often, the attorney stresses the importance of the trustmakers' active cooperation to ensure that complete and accurate information is provided.
2. **Send us hard copies of everything we'll need:**
 - The asset documentation
 - A copy of your intake form or intake form provided (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
 - An Affidavit or Certification of Trust
3. **Your Instructions-** We work for you. Give us clear instructions about funding actions. The simplest method is to write your instructions right on the account statement or other asset documentation the action you want us to take. For example, "to wife's trust", "to joint trust", "trust primary, spouse contingent" or "retitle to husband's trust- spouse primary, trust contingent".
4. **The process-**
 - We'll email you a funding table within 24 hours of receiving your package. The funding table will list all of the assets you want us to fund. It will display the current owner, the new owner, and the new beneficiaries. Please email approval or any changes which need to be made.
 - You will generally receive the funding document set 3-4 weeks after approval.
 - Have the client sign and submit all the funding documents. **Important:** Make sure the client reads and carefully follows the instructions for signature, as well as other actions needed, PBO provides on its cover letter.
 - Client will be responsible for obtaining the confirmations of all changes.

PBO Solutions, LLC

Phone: (401) 475-0400

PO Box 7637

2055 Diamond Hill Rd., #7637

Fax: (401) 475-0004

Cumberland, RI 02864

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

Self-Funding Client Packet Fees

\$350 – up to 10 funding actions¹
\$550 – 11 to 20 funding actions¹
\$800 – 21 to 30 funding actions¹

¹ Funding actions with the same current owner, within the same institution and having the same ownership or beneficiary changes are counted as one action

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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: _____

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