

Curtin Law Firm

Irrevocable Life Insurance Trust Information Form

Meeting Date: _____

Signing Date: _____

File No: _____

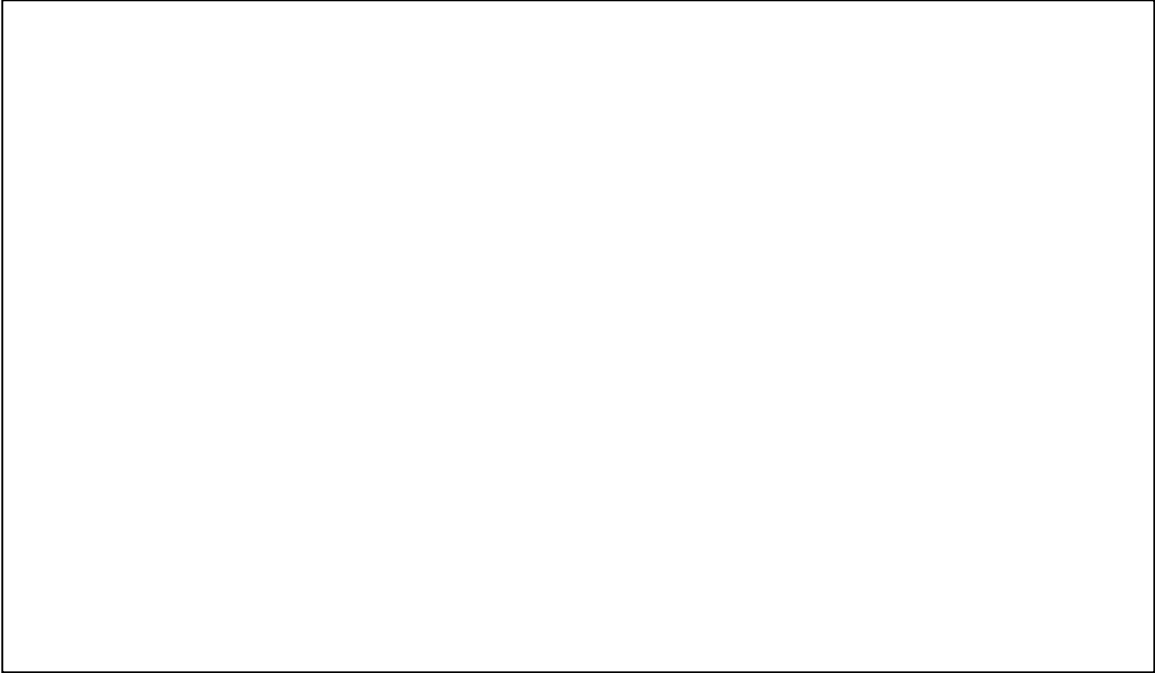
Basic Trust Information

Partner

Grantor	
Grantor's SS #	
Name of Trust	The _____ Irrevocable Trust
Trustee	
Trust Protector	
Email Address	
Trust Beneficiaries	
Terms of Trust (payout)	
Trust Assets	Life Insurance Policy Number:
Face Value of Policy	\$
Type of Policy	
Cash value of Policy	\$
Any Loan against Policy	
Current Insured	
Current Beneficiary	
Policy Owner	The _____ Irrevocable Trust
Policy Beneficiary	The _____ Irrevocable Trust
Premium Due Date	Annually each year on _____ or _____
Premium Amount	\$
Insurance Company	
Agent	
Federal Tax ID #	

Additional Information

Use Additional Paper if Necessary

A large, empty rectangular box with a thin black border, intended for providing additional information. The box is currently blank.