



- ☐ New Formation
- ☐ Amendment
- ☐ Change of R/A
- ☐ _____

Order Form

Non-Profit Corporation

State of Incorporation

Choose one

- ☐ Nevada (Clark County)
- ☐ Wyoming (Sheridan County)
- ☐ State _____

Secretary of State

Expedite Services

- ☐ Nevada (24-Hours)
- ☐ Wyoming (24-Hours)
- ☐ State _____

Expedited: ☐ Yes ☐ No
Speed: ☐ 24-Hours
Other: _____

Type of Entity

Pre-Determined

- ☒ Non-Profit Corporation

Name-Ending

Choose One

- ☐ Corp (Corporation)
- ☐ Inc (Incorporated)

Corporation Name

List your top three choices in order of preference

1. _____
2. _____
3. _____



Asset Protection Services of America Trust
(a Benson Financial Irrevocable Spendthrift Trust)



Corporation Shares
☒ No Issuance of Stock

Corporation Positions

** Required*

Fiscal Year-End

Pre-Determined

* President	_____	_____ January	_____ July
* Secretary	_____	_____ February	_____ August
* Treasurer	_____	_____ March (Q1)	_____ September (Q3)
* Director	_____	_____ April	_____ October
Director	_____	_____ May	_____ November
Director	_____	_____ June (Q2)	☒ December (Q4)

* The IRS default year-end is December 31st, otherwise "IRS Form 8832" can be submitted.

Nominee Officers and Directors

☒ No Name: Jay Butler (Nominee)

Business Purpose

Please Describe in Detail

- ☐ Any Lawful Purpose
- ☐ Other (Please Describe in a Few Words)

501(c)(3) Tax-Exempt Status

Helpful Website Links

Video: <https://www.stayexempt.irs.gov/home/starting-out/applying-section-501c3-status>

"How To": <https://www.irs.gov/pub/irs-pdf/p4220.pdf>

Resources: <https://www.stayexempt.irs.gov/home/resource-library/virtual-small-mid-size-tax-exempt-organization-workshop>

Form 1023: <https://www.irs.gov/pub/irs-pdf/i1023.pdf>

& 1023-EZ: <https://www.irs.gov/pub/irs-pdf/i1023ez.pdf>



Asset Protection Services of America Trust
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Registered Agent for Non-Profit Corporation

☐ Northwest Registered Agent LLC
732 South 6th Street
Suite N
Las Vegas, Nevada 89101-6948

☐ Northwest Registered Agent Service Inc
30 North Gould Street
Suite N
Sheridan, Wyoming 82801-6317

Registered Agent: _____

Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

E-Mail Address: _____

Physical Address of Non-Profit Corporation

☐ Nevada Offices
732 South 6th Street
Suite N
Las Vegas, Nevada 89101-6948

☐ Wyoming Offices
30 North Gould Street
Suite N
Sheridan, Wyoming 82801-6317

Physical Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Mailing Address of Non-Profit Corporation

☐ Nevada Offices
732 South 6th Street
Suite N
Las Vegas, Nevada 89101-6948

☐ Wyoming Offices
30 North Gould Street
Suite N
Sheridan, Wyoming 82801-6317

To the Attention of: _____ (Parent Company)

Mailing Address: _____

City: _____ State: _____

County: _____ Zip Code: _____



Asset Protection Services of America Trust
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Non-Profit Corporation

Officer and/or Director # 1

Full Legal Name: _____

Physical Address: _____

City: _____ State: _____

County: _____ Zip Code: _____



Mailing Address is "Same as Above"

Mailing Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Mobile: + _____ (_____) _____ - _____
Country Code Area Code

E-Mail: _____



Yes "Custodian of Records" and "Communications Contact Person".



Yes This is an "Authorized Signatory" on the corporate Bank Account.

Employer Identification Number (EIN)
Bank Account Introduction Document

Social Security Number: _____ - _____ - _____

Driver's License Number: _____

State: _____ Expires: _____

Date of Birth: _____ / _____ / _____
Day Month Year



Government ID

Color-Copy

Corporate Transparency Act (CTA), Know Your Client (KYC) and Anti-Money Laundering (AML) regulations require we obtain a color-copy of a current and valid government-issued photo ID, such as a Passport, Driver's License or Military ID.

Please make an 'original size' color-copy of your government ID in the space provided below.



Asset Protection Services of America Trust
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Non-Profit Corporation

Officer and/or Director # _____

Full Legal Name: _____

Physical Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Mobile: + _____ (_____) _____ - _____
Country Code Area Code

E-Mail: _____

☐ Yes

☐ No

This is an "Authorized Signatory" on the corporate Bank Account.

Employer Identification Number (EIN)
Bank Account Introduction Document

Social Security Number: _____ - _____ - _____

Driver's License Number: _____

State: _____ Expires: _____

Date of Birth: _____ / _____ / _____
Day Month Year

Government ID
Color-Copy

Corporate Transparency Act (CTA), Know Your Client (KYC) and Anti-Money Laundering (AML) regulations require we obtain a color-copy of a current and valid government-issued photo ID, such as a Passport, Driver's License or Military ID.



Asset Protection Services of America Trust
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Non-Profit Corporation

Officer and/or Director # _____

Full Legal Name: _____

Physical Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Mobile: + _____ (_____) _____ - _____
Country Code Area Code

E-Mail: _____

☐ Yes

☐ No

This is an "Authorized Signatory" on the corporate Bank Account.

Employer Identification Number (EIN)
Bank Account Introduction Document

Social Security Number: _____ - _____ - _____

Driver's License Number: _____

State: _____ Expires: _____

Date of Birth: _____ / _____ / _____
Day Month Year

Government ID
Color-Copy

Corporate Transparency Act (CTA), Know Your Client (KYC) and Anti-Money Laundering (AML) regulations require we obtain a color-copy of a current and valid government-issued photo ID, such as a Passport, Driver's License or Military ID.



Order Form

Non-Profit Corporation

Client Declaration and Signature

I confirm that all information given in this Order Form is true, correct and complete to the best of my knowledge and belief. By signing below I confirm to have read, understand and agree to be bound by the APSA "Terms and Conditions" as found on AssetProtectionServices.com. I understand services shall not be initiated until such time as all supporting documents and full payment have been received and accepted by Asset Protection Services of America Trust.

____ / ____ / 20____
Day Month Year

Printed Name

Client Signature

Printed Name

Client Signature

Printed Name

Client Signature

EIN Authorization

I hereby request and authorize Asset Protection Services of America Trust to obtain my corporate EIN (Employer Identification Number) on the IRS (Internal Revenue Service) website on my behalf for the aforementioned Corporation.

Printed Name

Client Signature

Independent Agent

Who is your APSA independent agent?

Referral Source

Who referred you to us please?