



- ☐ New Formation
- ☐ Amendment
- ☐ Change of R/A
- ☐ \_\_\_\_\_

## Order Form

### 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 *Choose One*

- ☐ "C" Corp → 1120 Tax Election
- ☐ "S" Corp → 1120-S Tax Election

#### Name-Ending *Choose One*

- ☐ Corp (Corporation)
- ☐ Inc (Incorporated)
- ☐ Ltd (Limited)
- ☐ No Name Ending (NV or WY)

#### 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**  
*Choose One*

- ☐ No Par Value 75,000 shares
- ☐ Standard Registered capital of 75,000 divided into 75,000 shares valued at 0.01¢ ea.
- ☐ Custom registered capital of \_\_\_\_\_, divided into \_\_\_\_\_ shares,  
valued at \_\_\_\_\_ each

**Corporation Positions**

*\* Required*

\* President \_\_\_\_\_

\* Secretary \_\_\_\_\_

\* Treasurer \_\_\_\_\_

\* Director \_\_\_\_\_

Director \_\_\_\_\_

Director \_\_\_\_\_

**Fiscal Year-End**

*Choose One*

_____ January	_____ July
_____ February	_____ August
_____ <b>March (Q1)</b>	_____ <b>September (Q3)</b>
_____ April	_____ October
_____ May	_____ November
_____ <b>June (Q2)</b>	<input type="checkbox"/> <b>December (Q4)</b>

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

**Nominee Officers and Directors**

☐ Yes ☐ No Name: Jay Butler (Nominee)

**Business Purpose**

*Please Describe in Detail*

- ☐ Buy • Hold • Sell Real Property
- ☐ Other (Please Describe in a Few Words)

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



**Registered Agent for 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 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 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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**Corporate Ownership**

*Complete for each Ultimate Beneficial Owner (UBO) and  
make additional copies of the next page, if necessary*

Ultimate Beneficial Owner # 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: \_\_\_\_\_

Your Profession: \_\_\_\_\_ Nationality: \_\_\_\_\_

% of Ownership: \_\_\_\_\_ % Capital Contribution: \$ \_\_\_\_\_

# of Shares: \_\_\_\_\_ out of \_\_\_\_\_ Shares Issued ( \_\_\_\_\_ Shares Available)



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



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

**Employer Identification Number (EIN) and 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**  
(a Benson Financial Irrevocable Spendthrift Trust)



**Corporate Ownership**

Shareholder, 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.

Your Profession: \_\_\_\_\_ Nationality: \_\_\_\_\_

% of Ownership: \_\_\_\_\_ % Capital Contribution: \$ \_\_\_\_\_

# of Shares: \_\_\_\_\_ out of \_\_\_\_\_ Shares Issued ( \_\_\_\_\_ Shares Available)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License: \_\_\_\_\_

State: \_\_\_\_\_ Expires: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

**Government ID**

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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.

Your Profession: \_\_\_\_\_ Nationality: \_\_\_\_\_

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Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License: \_\_\_\_\_

State: \_\_\_\_\_ Expires: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

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# Order Form

## 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](http://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?