



☐ New Service  
☐ Amendment

## Order Form

### Land Trust

#### Grantor

Full Legal Name \_\_\_\_\_  
of Entity, Individual or \_\_\_\_\_  
Revocable Living Trust: \_\_\_\_\_ (as Applicable)

Authorized Signers: \_\_\_\_\_  
\_\_\_\_\_

Grantor Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Real Property

Assessor's Parcel #: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Legal Description: ☐ The Legal description has been provided to us.

#### Name of Land Trust

Name: \_\_\_\_\_

Creation Date of Trust: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
Day Month Year



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



**Trustee**  
*Pre-Determined*



**State Trustee Services, LLC**

7848 West Sahara Avenue  
Las Vegas, Nevada 89117-1944

**Beneficial Interest Holder**  
(Entity, Individual or Trust)

Full Legal Name \_\_\_\_\_  
of Entity, Individual or \_\_\_\_\_  
Revocable Living Trust: \_\_\_\_\_ (as Applicable)  
Authorized Signers: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Assignment of Beneficial Interest**  
(If Applicable)

Full Legal Name \_\_\_\_\_  
of Entity, Individual or \_\_\_\_\_  
Revocable Living Trust: \_\_\_\_\_ (as Applicable)  
Authorized Signers: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Tax ID Number: \_\_\_\_\_ (SSN or EIN)



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## Land Trust

### 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](https://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

### Independent Agent

Who is your APSA independent agent?

\_\_\_\_\_

### Referral Source

Who referred you to us please?

\_\_\_\_\_