



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



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

Order Form

Limited Liability Company

State of Organization

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

Formation Time

- ☐ Nevada (24 Hours)
 - ☐ Wyoming (24 Hours)
 - ☐ State _____
- Expedited: ☐ Yes ☐ No
- Speed: _____

Type of Entity Choose One

- ☐ Single-Member
- ☐ Multi-Member
- ☐ Series

Name-Ending Choose One

- ☐ LLC
- ☐ Limited Liability Company

Company Name

List your top three choices in order of preference

1. _____
2. _____
3. _____

Incorporation Service Provider

Asset Protection Services of America Trust
% Mr. Jay Butler, Trustee
732 South 6th Street
Suite N
Las Vegas, Nevada 89101-6948
Office (775) 461-5255
Fax (775) 461-1155
E-Mail info@AssetProtectionServices.com
Website www.AssetProtectionServices.com



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



Company Management
Choose One



Manager-Managed

Name: _____

Name: _____

Address of Manager



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: _____

E-Mail Address: _____

Nominee Services



Yes Jay Butler (Nominee)



No

Fiscal Year-End

Choose One

_____ January _____ July

_____ February _____ August

_____ **March (Q1)** _____ **September (Q3)**

_____ April _____ October

_____ May _____ November

_____ **June (Q2)** _____ **December (Q4)**

Company Secretary

Name: _____

Tax Election

Choose One



Single-Member (*Disregarded*)



1065 Partnership (*Informational*)



1120 Corporate (*Stand-Alone*)



1120-S (*Flow-Through*)

Business Purpose

Please Describe



Buy • Hold • Sell Real Property



Holding Company



Property Management



Other: _____



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Registered Agent for Company

☐ 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 Company

☐ 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 Company

☐ 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: _____



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Company 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 Interests: _____ out of 1,000 Interests Issued (10,000 Interests Available)



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



Yes This is an "Authorized Signatory" on the company 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.



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Company Ownership

Manager and/or Member # _____

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 company Bank Account.

Your Profession: _____ Nationality: _____

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

of Interests: _____ out of 1,000 Interests Issued (10,000 Interests Available)

Social Security Number: _____ - _____ - _____

Driver's License: _____

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.



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Company Ownership

Manager and/or Member # _____

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 company Bank Account.

Your Profession: _____ Nationality: _____

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

of Interests: _____ out of 1,000 Interests Issued (10,000 Interests Available)

Social Security Number: _____ - _____ - _____

Driver's License: _____

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.



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Order Form

Limited Liability Company

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 company EIN (Employer Identification Number) on the IRS (Internal Revenue Service) website on my behalf for the aforementioned Company.

Printed Name

Client Signature

Independent Agent

Who is your APSA independent agent?

Referral Source

Who referred you to us please?