



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

Order Form

Limited Partnership

State of Formation

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

☒ Limited Partnership

Name-Ending

Choose One

☐ LP

☐ Limited Partnership

Limited Partnership 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)



General Partner

** Required*

General Partner: _____

Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Nominee Services

Pre-Determined

☒ Not Permitted

Tax Election

Pre-Determined

☒ 1065 Partnership (*Informational*)

Fiscal Year-End

Pre-Determined

☒ December 31st

Business Purpose

Please Describe in Detail

☐ Holding "Safe Assets" Only

☐ Other (*Please Describe in a Few Words*)



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



Registered Agent for Limited Partnership

☐ 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 Limited Partnership

☐ 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 Limited Partnership

☐ 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
(a Benson Financial Irrevocable Spendthrift Trust)



Limited Partnership Ownership

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

Ultimate Beneficial Owner # 1 (General Partner)

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 partnership 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)



Limited Partnership Ownership

General Partner and/or Limited Partner #_____

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 partnership 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.



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



Limited Partnership Ownership

General Partner and/or Limited Partner #_____

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 partnership 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.



Order Form

Limited Partnership

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

Printed Name

Client Signature

Independent Agent

Who is your APSA independent agent?

Referral Source

Who referred you to us please?