



IRREVOCABLE LIFE INSURANCE TRUST INFORMATION FORM

Meeting Date: _____
Signing Date: _____

File No.: 10-_____

BASIC TRUST INFORMATION

Grantor	
Grantor's Social Security Number	
Name of Trust	The _____ Irrevocable Trust
Trustee	
Trust Protector	
Trust Beneficiaries	
Terms of Trust (payout)	
Trust assets	Life Insurance Policy Number:
Face value of Policy:	\$
Type of Policy:	
Cash value of Policy:	\$
Any Loan against Policy:	
Current Insured:	
Current Beneficiary:	
Policy Owner:	The _____ Irrevocable Trust
Policy Beneficiary:	The _____ Irrevocable Trust
Premium Due Date:	Annually each year on _____ or _____
Premium Amount:	\$

Insurance Company:	
Agent:	
Federal Tax ID Number	

ADDITIONAL INFORMATION

USE ADDITIONAL PAPER IF NECESSARY