



CLIENT PROFILE > FIDUCIARY

At Laciak>CPA, our relationship begins by ensuring that we have timely, complete and accurate information pertaining to you and your family, or to your client. Please take a few minutes to complete this confidential profile and mail to our address below, or fax it to us at (219) 864-7007. If you have any questions, please call us at (219) 864-7000.

If applicable, we require a copy of the Trust Agreement or Will that pertains to the entity below.

Estate or Trust Information			
Entity Name:		Federal Identification Number:	
Date Entity Created:			
Type of Entity: <input type="checkbox"/> Estate <input type="checkbox"/> Simple Trust <input type="checkbox"/> Complex Trust <input type="checkbox"/> Other			
(If applicable) Date of Decedent's Death:		(If applicable) Decedent's SS#:	
Fiduciary Information			
Fiduciary Name:		Title: <input type="checkbox"/> Executor <input type="checkbox"/> Personal Representative <input type="checkbox"/> Trustee	
Address:			
City:	State:	Zip Code:	EIN if a financial institution:
Phone Number:	Email:		
Beneficiary Information			
Beneficiary Name:			
Address:			
City:	State:	Zip Code:	Identifying Number:
Beneficiary Name:			
Address:			
City:	State:	Zip Code:	Identifying Number:
Beneficiary Name:			
Address:			
City:	State:	Zip Code:	Identifying Number:
Other Information			
How did you learn about Laciak>CPA?		Who referred you?	
Comments/Other Information:			
Profile Completed By:		Date:	