

ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY
ILLINOIS ANGEL INVESTMENT TAX CREDIT PROGRAM

TRUST IDENTIFICATION AND DISCLOSURE FORM



Trust Type:

Grantor Trust

Revocable Trust

Irrevocable Trust

Family Trust

Trust Name: _____

FEIN/Identification number: _____ Trust Creation Date: _____

Person/Business Entity for which the Trust Identification and Disclosure Form is being submitted:

Title: _____

Address: _____ Email

Address: _____

SECTION 1 – Beneficiaries

Provide the information requested below for each beneficiary of the Trust. If additional space is needed, submit this information as on a separate sheet

Full Name (First, Middle, Last, Suffixes) _____

Email Address: _____ Title with Trust: _____

Primary Street Address: _____ City/State/Zip Code: _____

Phone: _____ Defined Interest: _____

Full Name (First, Middle, Last, Suffixes) _____

Email Address: _____ Title with Trust: _____

Primary Street Address: _____ City/State/Zip Code: _____

Phone: _____ Defined Interest: _____

Full Name (First, Middle, Last,
Suffixes) _____

Email Address: _____ Title with Trust: _____

Primary Street Address: _____ City/State/Zip Code: _____

Phone: _____ Defined Interest: _____

Full Name (First, Middle, Last,
Suffixes) _____

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Full Name (First, Middle, Last,
Suffixes) _____

Email Address: _____ Title with Trust: _____

Primary Street Address: _____ City/State/Zip Code: _____

Phone: _____ Defined Interest: _____

Full Name (First, Middle, Last,
Suffixes) _____

Email Address: _____ Title with Trust: _____

Primary Street Address: _____ City/State/Zip Code: _____

Phone: _____ Defined Interest: _____

SECTION 2 – INVESTOR VERIFICATION

VERIFICATION

Undersigned swears and certifies under penalty of law that all answers and information provided in this Trust Identification and Disclosure Form and associated documents are true, correct and complete to the best of his/her knowledge. Undersigned acknowledges that any misrepresentation, failure to reveal or omission is grounds for denial or recapture of Illinois Angel Tax Credit as well as penalties available under other applicable state and/or federal laws.

By: _____ (Print Investor Name)

_____ (Signature)

Date: _____