

Applicant:	Date:
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(For individuals applying for a license to sell living trusts)

1. Applicant firm: (See Form LT-1, Item 1)				
2. Individual's full name for whom this Schedule is being completed:	Social Security Number:			
3. Residence of individual:	(Number and Street)	(City)	(State)	(Zip)

If this individual is affiliated with an Investment Advisor Firm other than the Applicant Firm, complete the following:

4. Name of Firm:				
5. Principal place of business:	(Number and Street)	(City)	(State)	(Zip)
6. Mailing Address: (If different from Item 5)	(Number and Street or PO Box)	(City)	(State)	(Zip)
7. Telephone number of Firm:	(Area Code)	(Number)		

A completed Schedule A is required for each individual who will offer or sell living trusts under the license of the applicant on Form LT-1. Pursuant to 6.12.1203, ARM, the applicant must amend this form within thirty (30) days of the occurrence of any change in the information contained on Form LT-1 or its attached schedules.