

Uniform Application to Offer or Sell Living Trusts

This filing is: ___ an initial application ___ an amendment

1.	Applicant's full name:				
2.	Name under which business is conducted, if different:				
3.	If business name is being amended, give previous name:				
4.	Principal place of business (Number and Street - Do not use PO Box) (City) (State) (Zip)				
5.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Hours business is conducted at this location:</td> <td style="padding: 5px;">Telephone number (Area Code) (Telephone No)</td> </tr> <tr> <td style="padding: 5px;">from _____ to _____</td> <td style="padding: 5px;">at this location: _____</td> </tr> </table>	Hours business is conducted at this location:	Telephone number (Area Code) (Telephone No)	from _____ to _____	at this location: _____
Hours business is conducted at this location:	Telephone number (Area Code) (Telephone No)				
from _____ to _____	at this location: _____				
6.	Mailing address if different (Number and street or PO Box) (City) (State) (Zip) from address given in 4:				
7.	If books and records required by Section 905 of the Living Trust Act are kept somewhere other than at the principal place of business given in Item 4, give the following information:				
	Name and address of entity where books and records are kept:				
	(Number and Street) (City) (State) (Zip)				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Hours business is conducted at this location:</td> <td style="padding: 5px;">Telephone number (Area Code) (Telephone No)</td> </tr> <tr> <td style="padding: 5px;">from _____ to _____</td> <td style="padding: 5px;">at this location: _____</td> </tr> </table>	Hours business is conducted at this location:	Telephone number (Area Code) (Telephone No)	from _____ to _____	at this location: _____
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from _____ to _____	at this location: _____				

EXECUTION

The undersigned and applicant represent that the information and statements contained herein, including attached schedules, exhibits, and other information filed herewith, are current, true and complete. The undersigned and applicant further represent that, to the extent that any information previously submitted is not amended, such information is currently accurate and complete.

Date:	Name of applicant:	By: (Signature)
Typed Name and Title:		

Applicant:	Date:
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8. Applicant is registered in the state of Montana as an:

A. Investment Advisor

Name under which registered:	Firm's SAO No

B. Investment Advisor Representative

Name of affiliated IA Firm:	Firm's SAO No	Applicant's SAO No

9. Applicant has arrangements material to its offering and sales of living trusts with a person or firm who is:

- | | |
|--|--|
| <input type="checkbox"/> a licensed attorney | <input type="checkbox"/> a certified public accountant |
| <input type="checkbox"/> a certified financial planner | <input type="checkbox"/> a trust company |
| <input type="checkbox"/> a bank or thrift institution | <input type="checkbox"/> a broker dealer |
| <input type="checkbox"/> an insurance company | <input type="checkbox"/> other |

FOR EACH ITEM CHECKED IN ITEM (9), IDENTIFY ON SCHEDULE B, THE PERSON OR FIRM AND DESCRIBE THE RELATIONSHIP AND THE ARRANGEMENT.

10. Client Services.

Applicant:

- | | |
|--|--|
| <input type="checkbox"/> prepares living trust documents for clients | <input type="checkbox"/> manages client assets placed in trust |
| <input type="checkbox"/> provides estate planning advice to clients | <input type="checkbox"/> other |

FOR EACH ITEM CHECKED IN ITEM (10), DESCRIBE ON SCHEDULE B THE SERVICE PROVIDED AND THE APPLICANT'S BASIC FEE SCHEDULE, AND HOW FEES ARE CHARGED.

11. Marketing.

In relation to the offer and sale of living trusts, the applicant:

- | | |
|---|--|
| <input type="checkbox"/> holds seminars | <input type="checkbox"/> makes phone solicitation |
| <input type="checkbox"/> publishes newsletter | <input type="checkbox"/> advertises in newspaper or other publications |
| <input type="checkbox"/> employs others to solicit business | <input type="checkbox"/> distributes brochures or other material |
| <input type="checkbox"/> other (explain on schedule B) | |

PURSUANT TO RULE 6.12.1205, ARM, SALES AND PROMOTIONAL MATERIALS USED IN CONNECTION TO THE OFFER OR SALE OF LIVING TRUSTS MUST BE FILED WITH THE STATE AUDITOR AT LEAST TEN (10) DAYS PRIOR TO USE IN THIS STATE.