

TRUST FUNDING
CASE PREPARATION GUIDE

For Client Direct Service:

PBO's goal in the partnership with your office is to accurately and efficiently complete the funding of your clients' trusts. We want to form a relationship that is as seamless as possible and eliminates the frustration of wasted time and energy. Here's how Client Direct Service works:

1. **Asset Documentation** - Client Direct Service removes the burden from the law office of trying to obtain account statements, insurance policies, partnership agreements, passbooks, or any other form of documentation that accurately identifies the client's asset as is required with the full funding service. PBO will contact the client directly once we receive notification from your office of the client's intent to use us for their trust funding.

2. **The only documentation required from your office:**
 - A copy of your intake form (for names, addresses, dates of birth, etc.) including names, social security numbers and dates of birth for children or other relatives who may be designated as beneficiaries or trustees
 - An Affidavit or Certification of Trust.
 - The funding actions PBO will be taking. Statements for each asset are always preferred, but you may simply include the asset listings from the intake form or proposed funding actions table you may have on file and write the actions next to each asset. (For example, "to wife's trust", "to joint trust", "trust primary, spouse contingent" or "retitle to trust-spouse primary, trust contingent".)

3. **The process-**
 - Email, fax or mail the documentation for your client to PBO.¹
 - We will work with the client from that point on:
 1. collecting any statements not obtained by law office,
 2. providing the law office and/or client with a table of funding actions to be taken for review and authorization,
 3. sending the client a funding packet with specific signing instructions and forms needed to complete the actions,
 4. mailing follow-up correspondence to ensure timely completion of the funding process
 5. providing the law office and/or client with a closing packet including all confirmations received by PBO relative to the actions authorized.
 6. We will even bill the client directly if you prefer.

SUBMITTING A CASE

Cases may be submitted via mail to:

PBO Solutions, LLC
PO Box 7637
Cumberland, RI 02864

Overnight address:

129 West Rd.
Cumberland, RI 02864

Or email:

funding@pbosolutions.com

Client Direct Service Funding Fees

\$400 Base Fee plus \$65 per funding action.

If billed through Law Office: 75% of the total case fee is due within 14 days of receipt of funding table and invoice. The final 25% billed upon completion of the case.

If billed directly to client: 100% of the fee will be required within 30 days. No document packets will be mailed until payment is received.

PBO Solutions, LLC
PO Box 7637
129 West Rd.
Cumberland, RI 02864

Phone: (401) 475-0400
Fax: (401) 475-0004
Email: funding@pbosolutions.com

LAW OFFICE CONTACT INFORMATION SHEET

ATTORNEY
AND/OR
FIRM NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____

FAX: _____

CLIENT DATA SHEET

CLIENT 1:

FULL NAME: _____

SIGNATURE NAME: _____

DOB: _____ SSN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

EMAIL: _____

PHONE: _____

EMPLOYED RETIRED HOMEMAKER OTHER:

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____

CLIENT 2:

FULL NAME: _____

SIGNATURE NAME: _____

DOB: _____ SSN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

EMAIL: _____

PHONE: _____

EMPLOYED RETIRED HOMEMAKER OTHER:

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____

CHILD 1:

FULL NAME: _____

DOB: _____ SSN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

CHILD 2:

FULL NAME: _____

DOB: _____ SSN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

CHILD 3:

FULL NAME: _____

DOB: _____ SSN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

CHILD 4:

FULL NAME: _____

DOB: _____ SSN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY