



4425 Sheridan Ave., Cocoa, FL 32926

Text Only: 407-633-2615 Phone: 321-210-0536 E: trustee@grounduptrust.com Web: www.grounduptrust.com

Application For Irrevocable Purpose Trust

Preferred name of Trust

Street address of principal office

City

County

State

Zip Code

Individual responsible for creating this Trust (Settlor) and for answering questions about this application:

Name _____ Phone number (____) _____

Mailing Address _____ Email _____

_____ Driver License # _____

_____ Issuing State _____ Expiration _____

Additional individual (Spouse) responsible for creating this Trust (Settlor):

Name _____ Phone number (____) _____

Mailing Address _____ Email _____

_____ Driver License # _____

_____ Issuing State _____ Expiration _____

Designated Trustee for the Purpose Trust: (Must be domiciled in the state of Florida) ☐ Ground Up Irrevocable Trust
or ☐ the following individual:

Name _____ Phone number (____) _____

Mailing Address _____ Email _____

_____ Driver License # _____

_____ Issuing State _____ Expiration _____

Designated Trust Enforcer for the Purpose Trust:

Name _____ Phone number (_____) _____

Mailing Address _____ Email _____

_____ Driver License # _____

_____ Issuing State _____ Expiration _____

Provide a description of the Trust Purpose: Example "The purpose of this trust shall be to provide for the care and maintenance of my car collection described in attachment A hereto, the growth of my car collection, and to do all lawful acts permitted by law to support the Trust Purpose."

Provide the names of the individuals to be "Successors in Interest": The law states that if the trust assets exceed the needs of the trust, the assets shall be returned to the Trust Settlor(s) and if there be none living, to the Successors in Interest. Distribution of the excess assets shall be ☐ in equal percentages or ☐ in designated percentages

Successor Name _____ Phone number (_____) _____

Mailing Address _____ Email _____

_____ Last four of SSN # _____

_____ Issuing State _____ DOB _____

Designated percentage _____ %

☐ _____ is a minor child. The Guardian shall be the person named below until the minor child reaches the age of Eighteen.

Name of Guardian _____ Phone number (_____) _____

Mailing Address _____ Email _____

_____ Driver License # _____

_____ Issuing State _____ Expiration _____

Successor Name _____ Phone number (____) _____

Mailing Address _____ Email _____

Last four of SSN # _____

Issuing State _____ DOB _____

Designated percentage _____ %

☐ _____ is a minor child. The Guardian shall be the person named below until the minor child reaches the age of Eighteen.

Name of Guardian _____ Phone number (____) _____

Mailing Address _____ Email _____

Driver License # _____

Issuing State _____ Expiration _____

Successor Name _____ Phone number (____) _____

Mailing Address _____ Email _____

Last four of SSN # _____

Issuing State _____ DOB _____

Designated percentage _____ %

☐ _____ is a minor child. The Guardian shall be the person named below until the minor child reaches the age of Eighteen.

Name of Guardian _____ Phone number (____) _____

Mailing Address _____ Email _____

Driver License # _____

Issuing State _____ Expiration _____

Successor Name _____ Phone number (____) _____

Mailing Address _____ Email _____

_____ Last four of SSN # _____

_____ Issuing State _____ DOB _____

Designated percentage _____ %

☐ _____ is a minor child. The Guardian shall be the person named below until the minor child reaches the age of Eighteen.

Name of Guardian _____ Phone number (____) _____

Mailing Address _____ Email _____

_____ Driver License # _____

_____ Issuing State _____ Expiration _____

Service Selection

1. Services	
<input type="checkbox"/> Florida Purpose Trust: <ul style="list-style-type: none">Florida Purpose Trust Agreement written to comply with Florida Statute 736.0409, a Certificate of Trust for opening a bank account by Trustee, Trust EIN, Trust Minute Template, 1st year Registered Agent (requires a separate service agreement), phone support during regular business hours.	\$ 900.00
<input type="checkbox"/> Annual Purpose Trust Enforcer Service: <ul style="list-style-type: none">Florida Purpose Trust Enforcer Agreement (requires a separate service agreement).	\$ 250.00
<input type="checkbox"/> Annual Trustee Service: <ul style="list-style-type: none">Florida Purpose Trust, Trustee Service Agreement (requires a separate Trustee service agreement).	\$ 350.00
	Sub-total \$
	Total Due \$

NOTES: _____

2. Payment Detail

☐ Payment by Check mailed to:

Nicholas Dottore TTEE
4425 Sheridan Ave.
Cocoa, FL 32926 USA

Check Number _____ Dated: _____

(make checks payable to GROUND UP IRREVOCABLE TRUST)

OR

☐ Pay direct through PayPal with any
Credit/Debit Card Payment

To: trustee@grounduptrust.com (without fees deducted)

NOTE: Please send your payment by using the option "Send Money to Family and Friends" and put "FLPT" in the note section. Any PayPal fee deductions will be invoiced to you for payment.

3. Purchase Confirmation

NOTICE: All sales are final, because our services include personalized documents, No Refunds Are Offered. The Purchase you are making constitutes your acceptance of the Agreements which follow and shall be deemed to have been agreed by you upon completion of your purchase hereafter and include: (1) your agreement to maintain confidentiality and limitations on disclosure which shall only be to persons with a need to know which is hereby defined as immediate family, retained attorney or engaged accounting person; and (2) your agreement that your purchase is a purchase of a Single-Use license of the unique proprietary work papers, documents and instruments of GROUND UP IRREVOCABLE TRUST of which copying for re-use or resale is strictly prohibited and in connection with and any attempt to utilize said unique work papers, documents and instruments of GROUND UP IRREVOCABLE TRUST for multiple use and/or resale, shall constitute breach of this Single Use purchase agreement and theft and conversion of GROUND UP IRREVOCABLE TRUST assets which shall be actionable; and (3) your agreement with the Terms of Service and Disclaimer.

PURCHASER/CLIENT

By _____ DATED: _____
Signature

Print name

NOTE: Please send all pages to trustee@grounduptrust.com