**Schedule A of Page 1**

**Form LIVING TRUST-1**

Applicant:

Date:

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

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| --- | --- | --- | --- |
| 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: (Number and Street or PO Box) (If different from Item 5) | (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.

Orig. 10/97