

ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY  
ILLINOIS ANGEL INVESTMENT TAX CREDIT PROGRAM

**TRUST IDENTIFICATION AND DISCLOSURE FORM**



Trust Name: \_\_\_\_\_

FEIN/Identification number: \_\_\_\_\_ Trust Creation Date: \_\_\_\_\_

Person/Business Entity for which the Trust Identification and Disclosure Form is being submitted:

\_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION 1 – Beneficiaries**

Provide the information requested below for each beneficiary of the Trust. If additional space is needed, submit this information as on a separate sheet

Full Name (First, Middle, Last, Suffixes) \_\_\_\_\_

Email Address: \_\_\_\_\_ Title with Trust: \_\_\_\_\_

Primary Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Defined Interest: \_\_\_\_\_

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Full Name (First, Middle, Last, Suffixes) \_\_\_\_\_

Email Address: \_\_\_\_\_ Title with Trust: \_\_\_\_\_

Primary Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Defined Interest: \_\_\_\_\_

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Phone: \_\_\_\_\_ Defined Interest: \_\_\_\_\_

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**SECTION 2 – INVESTOR VERIFICATION**

VERIFICATION

Undersigned swears and certifies under penalty of law that all answers and information provided in this Trust Identification and Disclosure Form and associated documents are true, correct and complete to the best of his/her knowledge. Undersigned acknowledges that any misrepresentation, failure to reveal or omission is grounds for denial or recapture of Illinois Angel Tax Credit as well as penalties available under other applicable state and/or federal laws.

By: \_\_\_\_\_ (Print Investor Name)

\_\_\_\_\_ (Signature)

Date: \_\_\_\_\_