## Town of Farmington Trustees of the Trust Funds

356 Main Street Farmington, NH 03835

Phone: (603) 755-2208 • Fax: (603) 755-9934

Received	Date:		
Authorize	d Date:		_
Payment D	ate:		
Check No:			
Amount:			
Apply to P	rinciple:_	Incom	e:
Notes:			_
-			

## **New Trust Fund Application Form**

(Only for use when establishing a new Trust or Scholarship Fund)

Funds Received From:		
Address: Telephone Number:	Email Address (not required):	
Exact Name of New Fund: Amount Initial Contribution:		
Please Select only One of the Follo	wing Options:	Expendable Trust (The <i>principal and interest</i> shall be used or expended to support the purpose for which this Trust was established).
	-	Non-Expendable Trust ( <i>Only the interest</i> derived from the investment of this fund shall be used or expended to support the purpose for which this Trust was established. <i>The principal of this fund shall not be expended</i> ).
is n	amed as agents to e	expend this trust. (Name of those who may request expenditures from this Fund)
Supporting Documentation:		
11 0	Yarrant Article Num (Please attach a copy o	nber which Authorized the Establishment and describes the purpose of this Fund of the Warrant Article.)
2 Attach a cor	this Fund; b) the p distributions (if ap	Will, or any other supporting documentation, that describes a) the purpose of precise terms under which expenditures can be made c) the number of annual oplicable); d) the amount of each distribution (if applicable) or any other bility requirements that may be placed upon this Fund.*
		tablishing a Trust Fund, especially if it is desired that contributions to this Fund be tax tax advice be obtained from a qualified professional when developing the terms of