

Notice of Establishment of Catastrophic Illness Trust



Tre Hargett
Secretary of State

Division of Charitable Solicitations and Gaming

Department of State

State of Tennessee
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For Office Use Only



INSTRUCTIONS: Pursuant to T.C.A. § 35-11-101 et. seq., on the establishment of a catastrophic illness trust and prior to the solicitation of funds, the trustee shall file notice with the secretary of state on this form.

1. Beneficiary:

Salutation: _____ First: _____ MI: _____ Last: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Email: _____ Website: _____

2. Trustee:

Salutation: _____ First: _____ MI: _____ Last: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Email: _____ Website: _____

3. Financial Institution / Location of Assets:

Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Email: _____ Website: _____

4. Methods of Fundraising:

A. _____

B. _____

C. _____

SIGNATURE: I certify that the information furnished above (and all continuation sheets) is true and correct to the best of my knowledge.

Signature of Principal Officer or Authorized Representative: _____

Salutation: _____

First: _____ MI: _____ Last: _____

Position Title: _____ Date: _____

Print Secretary's Name: _____ Secretary's Signature: _____

Notary Public

My Commission Expires _____

State of Tennessee, County of _____

Sworn to before me this _____ day of _____, 20 _____

Signature _____