Lander University Financial Aid Office

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Phone: (864) 388-8340 • Fax: (864) 388-8811

21TRUS

2020-2021 Trust Information Form

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Student's Last Name **First Name** **MI** **Lander ID (L#)**

Upon reviewing your financial aid application, it appears that you, your spouse and/or your parent(s) have one or more trusts. To proceed with determining your financial aid eligibility you must submit documentation of the trust(s). Trust funds in the name of a student (or student's spouse) or parent should be reported as that person's assets, even if the beneficiary's access to the trust is restricted. For example, if the corpus will eventually belong to the student, it should be reported on your financial aid application as a student asset. If the parent is the beneficiary of the corpus, it is a parent asset. Both student and parent could be receiving income from the same trust so it may be an asset to both. If Trust has multiple beneficiaries, only list portion that belongs to student and parents.

☑	Situation	Value of Asset	Beneficiary
	Interest only - If a student, spouse, or parent receives only the interest from the trust, any interest received in the base year must be reported as income. If the interest accumulates and is not paid out, the recipient must also report an asset value for the interest he/she will receive.		○ Student _____ ○ Custodial Parent _____ ○ Other
	Principal only - The person who will receive only the trust principal must report as an asset the present value of his right to that principal.		○ Student _____ ○ Custodial Parent _____ ○ Other
	Both principal and interest- If a student, spouse, or parent receives both the interest and the principal from the trust, the student should report the present value of both interest and principal.		○ Student _____ ○ Custodial Parent _____ ○ Other
	The student nor the parents are list as beneficiary/beneficiaries to the trust.		

By signing this worksheet, I/we certify that all the information reported on it is complete and accurate.

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Trust Officer (Required) **Phone #** **Date**

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Student Signature (Required) **Phone #** **Date**

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Parent's Signature (Required for Dependent Students) **Phone #** **Date**

DATA ENTRY	Office Use Only	COUNSELOR REVIEW
RRAAREQ	N=Pending Review	Update RNAVRxx or RNANAxx and Verification Review Worksheet
Initials/date		Calc need and update ROAUSDF efc and trans
Fwd to Counselor date		RRAAREQ – xxTRUS and add CORRP if corrected
		RHACOMM
		CNSLR Initials/date