

1105 State Route 121 North, Suite B
P.O. Box 870 Murray, KY 42071
Office: 270.226.1000 Fax: 270.226.1001
TF: 888.753.6972 KingdomTrust.com

## Fair Market Valuation LLC Holdings

**INSTRUCTIONS:** Please complete this form where required to complete the fair market value (FMV) for the LLC held in your account. In addition, please be sure to read this entire form prior to completion to avoid any processing delays. **Note that all December 31 year-end values must be submitted to Kingdom Trust. You may submit via mail to Kingdom Trust, P.O. Box 870, Murray, KY 42071; by fax to 270.226.1001 or by email to FMV@KingdomTrust.com.** By signing this form, you consent to all terms and conditions outlined in this document and reaffirm the terms and conditions in your Account Adoption Agreement.

me: ECTION 2 - Asset Informati		Account Number:
	on	
C Name:		
sets Owned by the LLC (If more spa	ce is required, please attach a s	eparate page): Amount of Cash in LLC: \$
Quantity of Asset:	Name of Asset:	Value: \$
Quantity of Asset:	Name of Asset:	Value: \$
Quantity of Asset:	Name of Asset:	Value: \$
Quantity of Asset:	Name of Asset:	Value: \$
Quantity of Asset:	Name of Asset:	Value: \$
Quantity of Asset:	Name of Asset:	Value: \$
Quantity of Asset:	Name of Asset:	Value: \$
Quantity of Asset:	Name of Asset:	Value: \$
Quantity of Asset:	Name of Asset:	Value: \$
Quantity of Asset:	Name of Asset:	Value: \$
		Total Value of LLC (Including Cash): \$
If any of the above assets are pr	recious metals, please list the lo	cation name and specific address at which the metals are located:
ECTION 3 - General Provision	ons & Signature	
signing below I, the Account Hold		wing:
I understand that Kingdom Trust doe	es not value assets, conduct appraisa	als of assets or seek to verify the accuracy of prices or values reported to it.
I certify that the information contain I agree to indemnify, hold harmless a		r dest of my knowleage. Dective officers, directors, managers, members, employees, representatives, agents, owners, affiliates, success
and assigns from any and all loss, da	amage, injury and expense of any na	sture, including attorneys' fees, that may be incurred should the information be incorrect, false or misleading.
count Holder Signature: X		Date: