

Other Trust Beneficiaries *(Up to 8 beneficiaries, are allowed with a Unitrust or Lead Trust Only)*

#1 Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth ____/____/____
#2 Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth ____/____/____
#3 Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth ____/____/____
#4 Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth ____/____/____
#5 Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth ____/____/____
#6 Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth ____/____/____
#7 Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth ____/____/____
#8 Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth ____/____/____

Please send my personal trust proposal by: Regular Mail Email

Please return this form to:
Heifer Foundation
PO Box 727
Little Rock AR 72203

Questions? You may reach us at:
Phone: (888) 422-1161 Fax: (501) 907-4902
Email: info@heiferfoundation.org
Monday-Friday 8:00 a.m. to 5:00 p.m. Central Time