OFFICE OF

FIDUCIARY

ASSET MANAGEMENT DIVISION

SERVICE AGREEMENT FORM

PROFESSIONAL FIDUCIARY ADMINISTRATIVE SUPPORT SERVICES

STEWARDSHIP • INTEGRITY • ACCOUNTABILITY • LEGACY

1. CLIENT INFORMATION

Full Name: _____

Organization/Entity Name: _____

Mailing Address: _____

City: _____

Phone Number: _____ **State:** _____ **Zip:** _____

Email Address: _____

Preferred Contact Method:

☐ Phone ☐ Email ☐ Mail ☐ Other: _____

2. SERVICE REQUEST DETAILS

- ☐ Initial Fiduciary Consultation
- ☐ Asset Inventory & Documentation
- ☐ Fiduciary Administrative Oversight
- ☐ Trust Administration Support
- ☐ Estate & Legacy Administration Support
- ☐ Beneficiary Services
- ☐ Financial Record Coordination
- ☐ Asset Protection & Risk Review
- ☐ Compliance & Records Review
- ☐ Portfolio Reporting
- ☐ Property & Tangible Asset Administration
- ☐ Fiduciary Document Management
- ☐ Other: _____

Description of Requested Services: _____

Case / File Reference No.: _____

3. SERVICE TERM

Start Date: _____ **End Date:** _____

☐ One-Time Service ☐ Ongoing Monthly Service ☐ Project-Based Service

4. FEES & PAYMENT TERMS

Consultation Fee:	$ _____
Hourly Rate:	$ _____
Monthly Service Package:	$ _____
Retainer Amount:	$ _____
Total Estimated Cost:	$ _____
Payment Due Date:	_____

Additional services outside the agreed scope may be billed separately upon authorization.

5. CLIENT AUTHORIZATION & ACKNOWLEDGMENT

The Client authorizes the Office of Fiduciary Asset Management Division to provide administrative and organizational support services as described in this agreement. The Client understands that legal, tax, investment, and other licensed professional services are not provided unless separately arranged through an appropriately licensed professional.

6. DOCUMENTS PROVIDED BY CLIENT

- ☐ Identification
- ☐ Trust Documents
- ☐ Estate Documents
- ☐ Financial Statements
- ☐ Asset Records
- ☐ Insurance Records
- ☐ Property Records
- ☐ Beneficiary Information
- ☐ Other: _____

7. TERMS & CONDITIONS

- Services are limited to authorized administrative support.
- Client is responsible for providing accurate information and timely documentation.
- Confidential records will be maintained in accordance with internal privacy procedures.
- Either party may terminate services in writing subject to any outstanding balances.
- Third-party professional fees are separate from division service fees.

8. SIGNATURES

Client Name (Printed): _____

Authorized Representative Name (Printed): _____

Client Signature: _____

Date: _____

Authorized Representative Signature: _____

Title/Position: _____

Date: _____

9. OFFICE USE ONLY

Intake Date:	Assigned Officer:	File Number:
Payment Status: ☐ Unpaid ☐ Partially Paid ☐ Paid	Notes: _____	

OFFICIAL AUTHENTICATION & DOCUMENT CONTROL

Document ID: _____

Version: _____

Authentication No.: _____

Issue Date: _____

Review Date: _____

AUTHORIZED BY:

Name: _____

Title: _____

Signature: _____

Date: _____

OFFICIAL AUTHORITY

AUTHENTICATION STATUS

- ☐ Original
- ☐ Authorized Copy
- ☐ Digitally Authenticated
- ☐ Official Record

VERIFY AUTHENTICATION
NCINOFFICIAL.COM

© 2025 NCIN. ALL RIGHTS RESERVED.