

# **Asset Impairment Form**

**VIP Services:** (888) 855-9856 | info@trustprovident.com 8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

Section 1	Account Owner Information
First Name	MI Last Name
Email	Last Four Digits of Social Security Number Account Number
Section 2	Asset Information
revise this asset to t	review this completed form and your supporting documentation, and in its sole discretion will determine whether to the requested value. Upon successful review of this completed form and supporting documentation, the Custodian will f this asset to the requested impaired value below. The asset will remain in the account and continue to retain its
If you would like th	e asset distributed from the account, you must complete a <i>Distribution Request Form</i> for the applicable account type.
Asset Name	
	al Estate Limited Liability Corporation (LLC) Promissory Note/Mortgage Limited Partnership  Corporation/Private Stock Unsecured Note Other (Describe below)  tion
Requested Valuatio	n
Reason for impairm	nent <i>(select one)</i>
Bankruptcy	Litigation Receivership In Liquidation Restructuring Worthless Other
Section 3	Description of Events

Provide a brief description of why the asset is impaired. Be sure to include any collection efforts you have performed. Your present inability to recover your assets (e.g., obtain loan repayments) does not necessarily mean that your asset is worthless. You may need to hire a qualified third party to determine the current value of your impaired asset. You will also have to provide sufficient supplemental documentation to

support your claim that your asset has lost value.



#### Who is a Qualified, Independent Third-Party Valuator?

This may be a certified appraiser, licensed real estate professional (broker/realtor), or other qualified party (such as a CPA). This individual should be at "arm's length" to both you and the investment and must sign the FMV Form. The valuation must be specific to the asset.

#### Section 4

# **Supporting Documentation**

The Custodian requires requires you to submit sufficient documentation to support the valuation of the asset. Examples of documentation include bankruptcy documents, foreclosure documents, investment company correspondence, or court documents. If you are unable to provide this documentation you may obtain a third-party valuation. Please see the *Fair Market Valuation Form* for additional details on this option.

Please provide a brief description of the supporting documentation you are submitting.

#### Section 5

### **Account Owner Agreement and Authorization**

By signing below, I understand and confirm the following:

- 1. The Custodian does not value assets, conduct appraisals of assets, or verify the accuracy of prices/values reported to it.
- 2. The Custodian does not provide any tax, legal, or investment advice and does not recommend any agent, company, or specific investment.
- 3. I certify that the information listed above is true and correct to the best of my knowledge, and I agree to provide updated information about the value of the impaired assets in this account as it becomes available.
- 4. I understand that this valuation will be used for reporting purposes and that any false or misleading information may subject me as the Account Owner and the valuator, if applicable, to fines and penalties.
- 5. I direct the Custodian to update the fair market value of the asset identified above as requested and I agree to indemnify, hold harmless, and defend the Custodian and its respective officers, directors, managers, members, employees, representatives, agents, owners, successors, and assigns from any and all loss, damage, injury, and expense of any nature, including attorneys' fees, that may be incurred should the information be incorrect, false, or misleading. I understand that the fair market value that I am requesting the Custodian use for this illiquid asset does not guarantee that I will receive that value at any time.
- 6. If I have chosen to distribute this asset, I understand that it will be distributed to me as an in-kind distribution at the requested impaired value noted in the Asset Information section above, provided that the required documentation has been submitted to the Custodian.
- 7. I understand that if I receive income from this asset in the future, there may be personal tax consequences.

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Account Owner Signature	Account Owner Name (Please type or print)	Date



## Congratulations! You are now able to submit your completed request.

Before you submit this form please review all completed information prior to signing. When ready, mail, email, or fax this completed form to:

Mail to: Provident Trust Group Email to: assets@trustprovident.com

8880 W. Sunset Rd., Suite 250

Las Vegas, NV 89148 Fax to: (702) 253-7565