



WISCONSIN

SUPPLIER DIVERSITY PROGRAM

Certifying Minority, Disabled Veteran and Woman Owned Businesses

Trust Information Form

Directions: For each trust held by your business, please complete a separate form. Upload the completed form and corresponding trust documents to your account in the Supplier Diversity Program Portal - wisdp.wi.gov. You may use an additional form if needed.

Name of Trust: _____

<u>Grantor(s)</u>	<u>%</u> , if applicable	<u>Gender</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

<u>Beneficiaries of Trust</u>	<u>%</u>	<u>Gender</u>	<u>Check if Under 18 years old?</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

<u>Trustee(s)</u>	<u>%</u>	<u>Gender</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

Note: In order to include Trusts as a part of 51% WBE Ownership, the Trust Owner(s), Beneficiarie(s), and Trustee(s) must be women - Adm. Code 83.24 (4).