1. To enter data, press <TAB> to move to the first field and begin typing.
2. Press <TAB> to move to next field or <SHIFT>+<TAB> to move back.
3. Check/uncheck boxes with the <SPACE BAR> or a mouse click.
4. Go directly to any field with a mouse click.

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FOR BEST RESULTS, save this form and open it in Adobe Acrobat or Acrobat Reader. Fillable PDF forms are not compatible with all web browsers. Click here to download Acrobat Reader.

Advocus National 1031 Exchange, LLC®

CUSTOMER EXCHANGE INFORMATION FORM

Complete the following information and return to Advocus® by email to advocus1031exchanges@advocustitle.com.

TITLEHOLDER INFORMATION

☐ Titleholder Name (Name on Title Commitment, Vesting Deed, etc. for Relinquished (Sold) Property):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Entity Name _____

☐ Titleholder Address:

Address _____ City _____ State _____ Zip _____

☐ Titleholder Phone and Email:

Phone _____ Email _____

☐ What type of person(s) or entity holds title to the property being sold as part of the exchange? *(check one)*

☐ Single-Member LLC ☐ Multi-Member LLC ☐ Corporation ☐ Partnership ☐ Trust ☐ Individual(s)

☐ Taxpayer Name (Name of Person Filing Tax Return), if different from Titleholder:

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Entity Name _____

☐ SSN or EIN for Taxpayer (Taxpayer Identification Number as shown on Tax Return):

SSN or FEIN _____ SSN or FEIN _____

CONTACTS

☐ Contact Information for all contacts that should receive notices and documentation with regard to this 1031 Exchange, including, but not limited to, all authorized signers, attorneys, CPAs, real estate professionals, etc.

Taxpayer:

Name _____ Name _____

Email _____ Email _____

Phone _____ Phone _____

☐ Primary Contact ☐ Authorized Signatory ☐ Primary Contact ☐ Authorized Signatory

Attorney: **CPA:**

Name _____ Name _____

Email _____ Email _____

Phone _____ Phone _____

☐ Primary Contact ☐ Authorized Signatory ☐ Primary Contact ☐ Authorized Signatory

Real Estate Professional:

Name

Email

Phone

☐ Primary Contact ☐ Authorized Signatory

RELINQUISHED (SALE) PROPERTY INFORMATION

☐ Relinquished (Sale) Property Address:

Address | City | State | Zip

☐ Relinquished Property Closing Date: _____

☐ Relinquished (Sale) Property Closing Agent Contact Information:

Company Name

Closing Agent Name

Email

Phone

REPLACEMENT (PURCHASE) PROPERTY INFORMATION

Is the Exchanger under contract to purchase Replacement Property? ☐ Yes ☐ No
If "Yes," please provide the following information.

☐ Replacement (Purchase) Property Address:

Address | City | State | Zip

☐ Replacement Property Closing Date: _____

☐ Replacement (Purchase) Property Closing Agent Contact Information:

Company Name

Closing Agent Name

Email

Phone

REQUIRED DOCUMENTS

☐ Sales Contract for Relinquished Property

☐ Title Commitment for Relinquished Property

REQUIRED DOCUMENTS SPECIFIC TO ENTITY TYPE

Individual: No additional documents needed.

Single or Multi-member LLC:

☐ Operating Agreement and any amendments

☐ Certificate of Good Standing

☐ LLC Signing Resolution

Corporation:

- ☐ Corporate Signing Resolution
- ☐ Certificate of Good Standing

Trust:

- ☐ Trust Agreement and any amendments

Partnership:

- ☐ Partnership Agreement and any amendments

REFERRAL SOURCE

Were you referred to us from a third party known to Advocus (Advocus title agent, Advocus staff member, or other)?

- ☐ Yes – Please provide the name of the referral source (if known): _____
- ☐ No

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