

**NEXT GENERATION TRUST SERVICES**  
75 LIVINGSTON AVENUE, 3RD FLOOR  
ROSELAND, NJ 07068  
P: 973-533-1880 \* F: 973-533-1088

# FAIR MARKET VALUATION FORM



## PERSONAL INFORMATION:

Account Holder Name \_\_\_\_\_ Account Number \_\_\_\_\_

CUSIP \_\_\_\_\_

Asset Description \_\_\_\_\_

## PERSONAL INFORMATION:

Fair Market Value \$ \_\_\_\_\_

Description of Supporting Documentation: *Please attach supporting documentation substantiating this valuation.* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Valuation \_\_\_\_\_

## THIRD PARTY INFORMATION:

Appraiser/Valuator Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## SIGNATURES:

I certify that I am qualified to give an independent valuation/appraisal for this particular asset. I understand that this appraisal will be used for reporting purposes to the Internal Revenue Services. I understand that any false or misleading valuation/appraisal of any assets may result in penalties and fines for both the valuator/appraiser and the account owner.

Appraiser/Valuator \_\_\_\_\_ Date \_\_\_\_\_

Account Holder \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Next Generation Trust Services reserves the right to assign, determine, calculate, and assess your account a fee for determining a reasonable fair market value to your self-directed account. If a valuation is three or more years old, Next Generation Trust Services reserves the right to resign as Administrator of the account.