

**ILLINOIS GAMING BOARD**  
**160 N. LaSalle Street, Suite 300**  
**Chicago, Illinois 60601-3103**



**ILLINOIS GAMBLING ACT & SPORTS WAGERING ACT**  
**TRUST IDENTIFICATION AND DISCLOSURE FORM**

Trust Name: \_\_\_\_\_

FEIN/Identification number: \_\_\_\_\_ Trust Creation Date: \_\_\_\_\_

Person/Business Entity for which the Trust Identification and Disclosure Form is being submitted: \_\_\_\_\_

Trust Role:  Grantor  Trustee  Beneficiary

Affiliated Licensee/Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Percentage of Ownership interest (direct and/or indirect) in Applicant or Licensee: \_\_\_\_\_

Please indicate below the type of license for which this Form is submitted (check all that apply):

- Owners License
  - Organization Gaming License
  - Master Sports Wagering License
  - Management Services Provider License
  - Tier 2 Official League Data Provider License
  - Supplier's License - specify  Casino/Riverboat Supplier  Sports Wagering Supplier
  - Occupational Level One License
- 

Authorized Agent Name/Title: \_\_\_\_\_

(please print name and title)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**PURPOSE OF TRUST IDENTIFICATION AND DISCLOSURE FORM**

This Form must be completed and submitted to the Illinois Gaming Board by the Key Persons of Applicants for, or holders of, an Owners License, Organization Gaming License, Master Sports Wagering License, Management Services Provider License, Tier 2 Official League Data Provider License, or Supplier's License, and by Applicants for, or holders of, an Occupational Level One License.

The purpose of this Form is to obtain basic information concerning trusts in which you may be involved as a grantor, trustee or beneficiary, contingent or otherwise. Pursuant to Section 3000.221(c) of the Illinois Gaming Board's Adopted Rules, Key Persons and Occupational Level One licensees of holders of, or Applicants for an Owners, Organization Gaming License, Master Sports Wagering License, Management Services Provider License, Tier 2 Official League Data Provider License, or Supplier's license shall submit a Trust Identification and Disclosure Form for any trust that holds a direct or indirect interest in any gaming entity that is subject to regulation by a gaming jurisdiction for which they are a grantor, trustee or beneficiary, or for any other trust in which they have an interest, if so requested by the Board. Each time a reportable gaming industry trust relationship is established, amended or terminated, appropriate disclosure is needed as provided under Section 3000.140.

The Illinois Gaming Board (the Board) will use this form to decide whether it needs additional information from you and to further investigate your trust relationships.

In determining whether further investigation is necessary, the Board will consider factors, including but not limited to, the associations and relationships made and represented by the trusts, the purposes for which the trusts were created and whether the trusts contain or affect any gaming or gaming-related interests. Furthermore, the Board will look for any associations or relationships within the trusts that could impact negatively upon your character or the integrity of gaming in Illinois. For example, the Board will determine whether the trust is being used to pass benefits derived from Illinois casinos to those who would otherwise be considered unsuitable for licensure in Illinois. The Board will determine whether the trust is being used as vehicles to subdivide your interests in Illinois licensees and will consider such trusts as Attributed Interests under Board rules, regardless of your control over them. The Board also will look for any ability of the grantor, trustee or beneficiary to pledge, dispose or otherwise transfer interests in certain licenses, as these actions may require prior Board approval.

### IMPORTANT NOTICES

- **PERSONS FILING THIS FORM MUST ACCEPT ANY RISK OF ADVERSE PUBLIC NOTICE, EMBARRASSMENT, CRITICISM, OR OTHER ACTION OR FINANCIAL LOSS WHICH MAY RESULT FROM ACTION TAKEN WITH RESPECT TO THIS FORM, AND EXPRESSLY WAIVE ANY CLAIM FOR DAMAGES AS A RESULT THEREOF.**
- **INFORMATION NOT CALLED FOR IN THIS FORM OR IN ADDITION TO THAT PROVIDED IN RESPONSE TO THIS FORM MAY BE REQUESTED. BENEFICIARIES OF TRUSTS WHICH CONTAIN OR RELATE TO BUSINESS ENTITIES THAT ARE SUBJECT TO THE ILLINOIS GAMBLING ACT and/or THE ILLINOIS SPORTS WAGERING ACT MAY BE REQUIRED TO FILE PERSONAL DISCLOSURE FORMS WITH, OR PROVIDE ADDITIONAL INFORMATION TO, THE ILLINOIS GAMING BOARD.**
- **PERSONS FILING THIS FORM SHALL PROVIDE ALL INFORMATION, DOCUMENTS, MATERIALS AND CERTIFICATIONS AT REGISTRANT'S SOLE EXPENSE AND COST.**
- **YOU MUST IMMEDIATELY NOTIFY THE ILLINOIS GAMING BOARD OF ANY CHANGES IN THE INFORMATION SUBMITTED IN THIS FORM AND RELATED MATERIALS. SUCH CHANGES INCLUDE THE CREATION OF NEW TRUST RELATIONSHIPS AND THE TERMINATION OR AMENDMENTS OF EXISTING TRUST RELATIONSHIPS.**

## INSTRUCTIONS

- Read the entire Form before responding to the questions.
- Type or print the answers to questions in black ink.
- Initial all pages in the space provided in the upper right-hand corner.
- If the space provided for an answer to a question is insufficient, submit the additional information as a separate exhibit.
- Respond to the questions contained herein to the Best of your Knowledge (see definition). Any misrepresentation or omission is grounds for denial or a finding of unsuitability requiring economic disassociation.
- Complete and return an electronic copy of this form, including a copy of the trust agreement, and exhibits and/or schedules, with the submission. All materials must be submitted to:

**Illinois Gaming Board  
Attn: Licensing Unit  
160 N. LaSalle Street, Suite 300  
Chicago, Illinois 60601-3103**

## DEFINITIONS

**For the purpose of this form, the following terms shall have the following meanings:**

**Act:** The Illinois Gambling Act or Sports Wagering Act.

**Attributed Interest:** Any direct or Indirect interest in a Business Entity deemed to be held by a person not through the person's actual holdings but either through the holdings of the person's relatives or through a third party or parties on behalf of the person pursuant to a plan, arrangement or agreement.

**Beneficiary:** Person for whose current, contingent or future benefit property is held in trust.

**Best of Knowledge:** Registrant's knowledge after substantial inquiry.

**Board:** The Illinois Gaming Board.

**Business Entity:** A partnership, incorporated or unincorporated association or group, firm, corporation, limited liability company, partnership for shares, trust, Sole Proprietorship or other business enterprise.

**Casino:** A facility at which lawful gambling is authorized as provided in the Illinois Gambling Act.

**Control:** The power to exercise authority over or direct the management and/or distributions of a Trust.

**Dependent:** Any Individual who received over half of his support in a calendar year from any other Individual.

**Felony:** A criminal offense for which a sentence of imprisonment for one year or more may be imposed under the laws of any jurisdiction.

**Game:** A gambling activity which is played for money, property, or anything of value, including without limitation those played with cards, Chips, Tokens, Vouchers, dice, implements, or electronic, electrical, or mechanical devices or machines.

**Gaming Related:** Anything related to the dealing, operating, carrying on, conducting, maintaining or exposing for play of any Game.

**Grantor:** The settlor or creator of a trust.

**Immediate Family:** Spouse (other than a spouse who is legally separated from the Individual under a decree of divorce or separate maintenance), parents, grandparents, siblings, children, grandchildren and step children, whether by half blood, marriage, adoption or natural relationship.

**Indirect Interest:** Any interest in a Business Entity that is deemed to be held by the holder, not through the holder's actual holdings in the Business Entity, but through the holder's holdings in other Business Entities.

**Individual:** Any natural person.

**Key Person:** A person identified by the Board under Section 3000.222 as subject to regulatory approval as a person able to control, or exercise significant influence over, the management, assets, or operating policies of an Owner, Organization Gaming or Supplier Applicant or Licensee.

**Management Services Provider License:** A license issued to an entity who has contracted with a Master Sports Wagering Licensee to conduct its sports wagering operation in accordance with the provisions of the Sports Wagering Act and the rules of the Illinois Gaming Board.

**Master Sports Wagering License:** A license issued to an Organization Licensee, Owners Licensee, Sports Facility or Online Sports Wagering Operator to conduct sports wagering in accordance with the provisions of the Sports Wagering Act and the rules of the Illinois Gaming Board and Department of Lottery.

**Occupational Level 1:** An individual licensed pursuant to Section 9 of the Illinois Gambling Act whose job position is classified under Section 3000.200 (c) of the Illinois Gaming Board's Adopted Rules.

**Organization Gaming License:** A license issued by the Illinois Gaming Board under Section 7.7 of the Illinois Gambling Act authorizing gaming pursuant to that section at an organization gaming facility.

**Ownership Interest:** Includes, but is not limited to, direct, indirect, beneficial or attributed interest, or holder of stock options, warrants or stock appreciation rights, or holder of any beneficial ownership interest in the Applicant for or holder of an Owners License, an Organization Gaming License.

**Owners License:** A license issued by the Illinois Gaming Board to conduct riverboat or a casino gambling operation, but does not include an organization gaming license.

**Person:** "Person" includes both individuals and Business Entities.

**Privately Held Company:** A company that is not Publicly Held

**Publicly Held Company:** A company that has filed a registration statement with the Securities and Exchange Commission.

**Relative:** Spouse, parents, grandparents, children, siblings, uncles, aunts, nephews, nieces, first cousins, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law, whether by blood, by marriage, adoption or natural relationship, and Dependents.

**Supplier:** Either a Gaming Operations Manager, lessor of a Casino/Riverboat, Organization Gaming facility, or dock facilities, junketeer, or provider of Gaming Equipment, Gaming Equipment maintenance or repair services, or a provider of any goods or services to a Casino/Riverboat, or Organization Gaming Operation, or a person who sells or leases sports wagering equipment, systems, or other gaming items to conduct sports wagering and offer services related to the equipment or other gaming items and data to a master sports wagering licensee.

**Tier 2 Official League Data Provider License:** A license issued to a sports governing body or sports league, organization or association or vendor authorized by such sports governing body or sports league, organization or association to distribute or provide Tier 2 official league data to a Master Sports Wagering Licensee for Tier 2 sports wagers.

**Trustee:** Person who holds legal title to property in a trust for the benefit of the beneficiaries of the trust.

**SECTION 1 – TRUST INFORMATION**

A. State the date of, and describe all amendments to the trust. If additional space is needed, submit this information as Exhibit 1(A).

Date of Amendment:	Description of Amendment:

**SECTION 2 – TRUST PARTICIPANTS**

A. Provide the information requested below for each Grantor of the Trust. If additional space is needed, submit this information as Exhibit 2(A).

Name (Last, First, Middle)		Email Address	
Title with Applicant	Date of birth (mm/dd/yyyy)	Sex	Social Security Number or FEIN
		<input type="checkbox"/> male <input type="checkbox"/> female	
Street Address		City/State/Zip Code	
Phone	Mobile Phone		Facsimile

Name (Last, First, Middle)		Email Address	
Title with Applicant	Date of birth (mm/dd/yyyy)	Sex	Social Security Number or FEIN
		<input type="checkbox"/> male <input type="checkbox"/> female	
Street Address		City/State/Zip Code	
Phone	Mobile Phone		Facsimile

B. Provide the information requested below for each Trustee of the Trust. If there are any Successor Trustees delineated in the Trust, list them as well as the circumstances that would give rise to their becoming a Trustee. If additional space is needed, submit this information as Exhibit 2(B).

Name (Last, First, Middle)		Email Address	
Title with Applicant	Date of birth (mm/dd/yyyy)	Sex	Social Security Number or FEIN
		<input type="checkbox"/> male <input type="checkbox"/> female	
Street Address		City/State/Zip Code	
Phone	Mobile Phone	Facsimile	
<input type="checkbox"/> Trustee <input type="checkbox"/> Successor Trustee	Circumstances for Successor Trustee becoming Trustee:		

Name (Last, First, Middle)		Email Address	
Title with Applicant	Date of birth (mm/dd/yyyy)	Sex	Social Security Number or FEIN
		<input type="checkbox"/> male <input type="checkbox"/> female	
Street Address		City/State/Zip Code	
Phone	Mobile Phone	Facsimile	
<input type="checkbox"/> Trustee <input type="checkbox"/> Successor Trustee	Circumstances for Successor Trustee becoming Trustee:		



C. Provide the information requested below for each Beneficiary of the Trust, including yourself. If there are any Contingent Beneficiaries delineated in the Trust, list them as well as the circumstances that would give rise to their becoming a Beneficiary. If additional space is needed, submit this information as Exhibit 2(C).

Name (Last, First, Middle)		Email Address	
Title with Applicant	Date of birth (mm/dd/yyyy)	Sex	Social Security Number or FEIN
		<input type="checkbox"/> male <input type="checkbox"/> female	
Street Address		City/State/Zip Code	
Phone	Mobile Phone	Facsimile	
<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary	Circumstances for Contingent Beneficiary becoming Beneficiary:		

Name (Last, First, Middle)		Email Address	
Title with Applicant	Date of birth (mm/dd/yyyy)	Sex	Social Security Number or FEIN
		<input type="checkbox"/> male <input type="checkbox"/> female	
Street Address		City/State/Zip Code	
Phone	Mobile Phone	Facsimile	
<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary	Circumstances for Contingent Beneficiary becoming Beneficiary:		

D. Other than yourself, are any of the persons named in your answers to Questions 2A, 2B, or 2C, Key Persons, a holder of an Occupational Level One License, or Persons of Significant Influence or Control of any applicant or holder of an Owners, Organization Gaming, Master Sports Wagering, Management Services Provider, Tier 2 Official League Data Provider, Supplier's, or Video Gaming License in Illinois?  Yes  No.. If the answer is "yes," identify those persons below and the affiliated licensee. If additional space is needed, submit this information as Exhibit 2(D).

Name (Last, First, Middle)	Affiliated Illinois License
Name (Last, First, Middle)	Affiliated Illinois License

**SECTION 3 – TRUST INCOME, BENEFITS AND CONTROL**

<p>A. Is the trust revocable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If your answer is yes, describe the circumstances under which it is revocable.</p>
<p>B. Provide a detailed statement describing all property held by the Trust (the Trust <i>corpus</i>) including, but not limited to, all real property, personal property, and future interests.</p>
<p>C. Does the Trust receive income or hold stock or any other form of interest or rights in the ownership of any Gaming-related Business Entity in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No. If the answer is “yes,” submit as a statement setting forth the name of the entity and the form and extent of the interest held.</p>
<p>D. Can any of the interests in the Trust be pledged or assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No. If the answer is “yes,” submit a statement setting forth in detail the circumstances under which the interests can be pledged or assigned.</p>
<p>E. Submit a statement setting forth in detail the Trustee’s powers and responsibilities under the Trust, including whether the powers and responsibilities are conditional or shared with any others. If applicable, describe the nature of any conditions or contingencies and the names and addresses of those whom the Trustee shares powers and responsibilities.</p>
<p>F. Has the grantor or any trustee or beneficiary of the trust ever been convicted, pled guilty or no contest to any Felony under the laws of any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No. If the answer to this question is yes, state the name and address of the Individual convicted, the nature of the offense, the date and disposition and the name and location of the court, arresting agency and prosecuting agency.</p>
<p>G. Does the trust file a tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>H. Is the trust activity reported directly on the tax return(s) of the participant(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I. Is the trust or any of its participants required to file an Illinois Tax Return in relation to this trust? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>J. Submit as Exhibit 3H, evidence of the trust’s direct or indirect ownership interest in the Applicant/Licensee, e.g. stock certificate(s), membership interest agreement, partnership agreement, deed, etc.</p>

If additional space is required, please submit as Exhibit 3(A), 3(B), 3(C), 3(D), 3(E), 3(F), 3(G), 3(H), 3(I) or 3(J)

4. **Attach a copy of the trust agreement, and schedule of assets/exhibits.**

**TRUST IDENTIFICATION AND DISCLOSURE FORM  
SCHEDULE OF EXHIBITS**

\_\_\_\_\_  
(Print name)

If an Exhibit is not applicable, indicate N.A.

Exhibit Number	Person who prepared or directed preparation of Exhibit (state which)	Official Title
1(A)		
2(A)		
2(B)		
2(C)		
2(D)		
3(A)		
3(B)		
3(C)		
3(D)		
3(E)		
3(F)		
3(G)		
3(H)		
3(I)		
3(J)		

**VERIFICATION**

State of \_\_\_\_\_ )  
 ) ss  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, being first duly sworn upon oath or affirmation, depose  
(Your Name)  
and state:

“Undersigned swears and certifies under penalty of law that all answers and information provided in this Trust Identification and Disclosure Form and associated documents are true, correct and complete to the Best of my Knowledge. Undersigned acknowledges that any misrepresentation, failure to reveal or update information or omission is grounds for denial of a license and/or revocation of any license for which this form is submitted or with which this form is associated. Undersigned acknowledges that any misrepresentation, failure to reveal or update information or omission is grounds for the Illinois Gaming Board to require my disassociation with any licensee or person for which this form is submitted or with which this form is associated.”

Applicant:

\_\_\_\_\_

By:

\_\_\_\_\_

(Print Name)

\_\_\_\_\_

(Signature)

Its:

\_\_\_\_\_

SUBSCRIBED and SWORN to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Notary Public in and for the

County of \_\_\_\_\_,

State of \_\_\_\_\_.