



## Information Needed to Open a New Account (Trust)

### ACCOUNT TYPE

<input type="checkbox"/> Checking Account	<input type="checkbox"/> Money Market Account
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Certificate of Deposit

Trust Type:  Revocable    Irrevocable

Living   
  Family   
  Loving   
  Medical   
  Other \_\_\_\_\_

### TRUST

Trust Name				Tax ID Number (EIN or SSN)	
Trust Address (Physical Address)		City	State	Zip	Contact Phone Number (   )
Trust Address (Mailing Address) <i>Optional</i>		City	State	Zip	Email <i>(Optional)</i>

**Please include copy of Certificate of Trust or Trust Agreement and amendment if applicable**

### TRUSTEE 1

First Name		Middle Initial	Last Name		Date of Birth		Social Security Number		
Home Address (Physical Address)			City	State	Zip	Home Phone (   )		Business Phone (   )	
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit			1 <sup>st</sup> ID Number			Issue Date (mm/dd/yy)		Expiration Date (mm/dd/yy)	
			2 <sup>nd</sup> ID Number			Issue Date (mm/dd/yy)		Expiration Date (mm/dd/yy)	
Birth City			Mother's Maiden Name			Position in Company			

### TRUSTEE 2

First Name		Middle Initial	Last Name		Date of Birth		Social Security Number		
Home Address (Physical Address)			City	State	Zip	Home Phone (   )		Business Phone (   )	
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit			1 <sup>st</sup> ID Number			Issue Date (mm/dd/yy)		Expiration Date (mm/dd/yy)	
			2 <sup>nd</sup> ID Number			Issue Date (mm/dd/yy)		Expiration Date (mm/dd/yy)	
Birth City			Mother's Maiden Name			Position in Company			

**TRUSTEE 3**

First Name	Middle Initial	Last Name	Date of Birth	Social Security Number		
Home Address (Physical Address)		City	State	Zip	Home Phone ( )	Business Phone ( )
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit		1 <sup>st</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
		2 <sup>nd</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
Birth City		Mother's Maiden Name		Position in Company		

**TRUSTEE 4**

First Name	Middle Initial	Last Name	Date of Birth	Social Security Number		
Home Address (Physical Address)		City	State	Zip	Home Phone ( )	Business Phone ( )
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit		1 <sup>st</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
		2 <sup>nd</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
Birth City		Mother's Maiden Name		Position in Company		

**TRUSTEE 5**

First Name	Middle Initial	Last Name	Date of Birth	Social Security Number		
Home Address (Physical Address)		City	State	Zip	Home Phone ( )	Business Phone ( )
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit		1 <sup>st</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
		2 <sup>nd</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
Birth City		Mother's Maiden Name		Position in Company		

*\*All signers must pass Chex-Systems. Please include evidence of the two forms of identification for each signer. Member FDIC.*

