



Information Needed to Open a New Trust Account

ACCOUNT TYPE

| | |
|--------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Money Market Account |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Certificate of Deposit – Term: _____ |

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 | Cell Phone | | Home 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 | | | 1st ID Number | | | Issue Date (mm/dd/yy) | | Expiration Date (mm/dd/yy) | |
| | | | 2nd ID Number | | | Issue Date (mm/dd/yy) | | Expiration Date (mm/dd/yy) | |
| Birth City | | | Mother's Maiden Name | | | Position in Company | | | |
| Email Address | | | | | | | | | |

TRUSTEE 2

| | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|----------------------|-------|---------------|-----------------------|------------------------|----------------------------|--|
| First Name | | Middle Initial | Last Name | | Date of Birth | | Social Security Number | | |
| Home Address (Physical Address) | | | City | State | Zip | Cell Phone | | Home 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 | | | 1st ID Number | | | Issue Date (mm/dd/yy) | | Expiration Date (mm/dd/yy) | |
| | | | 2nd ID Number | | | Issue Date (mm/dd/yy) | | Expiration Date (mm/dd/yy) | |
| Birth City | | | Mother's Maiden Name | | | Position in Company | | | |
| Email Address | | | | | | | | | |

TRUSTEE 3

| | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|---------------|------------------------|----------------------------|------------|
| First Name | Middle Initial | Last Name | Date of Birth | Social Security Number | | |
| Home Address (Physical Address) | | City | State | Zip | Cell Phone | Home 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 | | 1st ID Number | | Issue Date (mm/dd/yy) | Expiration Date (mm/dd/yy) | |
| | | 2nd ID Number | | Issue Date (mm/dd/yy) | Expiration Date (mm/dd/yy) | |
| Birth City | | Mother's Maiden Name | | Position in Company | | |
| Email Address | | | | | | |

TRUSTEE 4

| | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|---------------|------------------------|----------------------------|------------|
| First Name | Middle Initial | Last Name | Date of Birth | Social Security Number | | |
| Home Address (Physical Address) | | City | State | Zip | Cell Phone | Home 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 | | 1st ID Number | | Issue Date (mm/dd/yy) | Expiration Date (mm/dd/yy) | |
| | | 2nd ID Number | | Issue Date (mm/dd/yy) | Expiration Date (mm/dd/yy) | |
| Birth City | | Mother's Maiden Name | | Position in Company | | |
| Email Address | | | | | | |

TRUSTEE 5

| | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|---------------|------------------------|----------------------------|------------|
| First Name | Middle Initial | Last Name | Date of Birth | Social Security Number | | |
| Home Address (Physical Address) | | City | State | Zip | Cell Phone | Home 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 | | 1st ID Number | | Issue Date (mm/dd/yy) | Expiration Date (mm/dd/yy) | |
| | | 2nd ID Number | | Issue Date (mm/dd/yy) | Expiration Date (mm/dd/yy) | |
| Birth City | | Mother's Maiden Name | | Position in Company | | |
| Email Address | | | | | | |

*** All signers must pass Chex-Systems. Please include evidence of the two forms of identification. ***