


Trust Account Application

Provide these documents:

A Certification of Trust OR written Trust agreement documents that include:

- Description of Trust, including the formal name of the Trust, Grantors, and Trustees
- Notarized signature pages with Grantor and Trustee signatures. In some states, there may be a separate page completed by the notary
- All amendments to the original Trust
- Trustee powers and provisions related to incapacity or death of a Trustee
- List of beneficiaries who'll receive the funds if the Grantor of the Trust passes away
- A copy of a death certificate for any Grantors or Trustees who is/are deceased

Account #: _____ New Existing

Account Opening Date: _____

Account Type: Regular Checking NOW Savings MMA CD

Amount: \$ _____

Section I. Trust Information

Legal Name of Trust: _____

Type: Revocable Trust Irrevocable Trust

Tax ID Number: _____

Legal address: _____

Mailing Address (if different): _____

Is the trust registered with the Secretary of State? Yes No

If yes, please provide Certification of Beneficial Ownership.

Section II. Anticipated Account Activity

Services that you may be interested in:

ATM Debit card Checkbook(s) Online Banking/Bill Payment Mobile Banking

Expected Activities:

Deposits

Monthly Amount

	None	\$0-\$1,000	\$1,001-\$3,000	\$3,001-\$5,000	\$5,001-\$10,000	\$10,001-\$20,000	\$20,001-\$50,000	\$50,001-\$100,000	\$100,001-\$200,000	\$200,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001+
Cash:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACH:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Wire:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Wire:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Deposit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will you be using mobile/remote deposit capture to deposit your checks? Yes No

From which countries do you expect to receive wires? N/A _____

Will the electronic transactions (ACH) be received from non-US locations? Yes No

If yes, from which countries do you expect to receive? _____

Withdrawals

Monthly Amount

	None	\$0-\$1,000	\$1,001-\$3,000	\$3,001-\$5,000	\$5,001-\$10,000	\$10,001-\$20,000	\$20,001-\$50,000	\$50,001-\$100,000	\$100,001-\$200,000	\$200,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001+
Cash:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACH:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Wire:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Wire:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Withdrawal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monetary Instrument Purchase:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATM Withdrawal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To which countries do you expect to send wires? N/A _____

Will the electronic transactions (ACH) be sent to non-US locations? Yes No

If yes, to which countries do you expect to send? _____

Section III. Grantor/Trustee Information

Signer's Name (Last, First Mid)		
Social Security Number		
Date of Birth (MM/DD/YY)		
Mother's Maiden Name		
Signer's Physical Address (NO PO BOX)		
City, State & Zip:		
Home Phone Number		
Cell Phone Number		
Email Address		
Driver's License	# _____ State: _____ Issue date: _____ Exp. date: _____	# _____ State: _____ Issue date: _____ Exp. date: _____
Passport	# _____ Exp. date: _____ Issued by: _____	# _____ Exp. date: _____ Issued by: _____
Other ID	Type: _____ Exp. date: _____	Type: _____ Exp. date: _____
Nationality	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Resident Alien Country of citizenship: _____ <input type="checkbox"/> Non-resident Alien (W-8BEN) Type of US VISA: _____ Country of citizenship: _____ <input type="checkbox"/> Multiple Citizenships Countries: _____	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Resident Alien Country of citizenship: _____ <input type="checkbox"/> Non-resident Alien (W-8BEN) Type of US VISA: _____ Country of citizenship: _____ <input type="checkbox"/> Multiple Citizenships Countries: _____
Is this individual a Senior Foreign Political figure or immediate family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, must be approved by BSA Officer. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, must be approved by BSA Officer. _____
Is this Trustee a Grantor?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, and this is an irrevocable Trust, what percent of retained interest does the Grantor have? _____ % <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, and this is an irrevocable Trust, what percent of retained interest does the Grantor have? _____ % <input type="checkbox"/> N/A
Employment / Occupation		

USA PATRIOT ACT: Important information about opening a new account. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. **What this means for you:** When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

The information I have provided is correct to the best of my knowledge. I authorize the Bank to check credit and/or employment history should it be deemed necessary.

X _____
(Signature of Grantor/Trustee)

X _____
(Signature of Grantor/Trustee)

Date: _____

Date: _____