



## Information Needed to Open a New Trust Account

### ACCOUNT TYPE

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

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
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	
Email Address					

### TRUSTEE 2

First Name	Middle Initial	Last Name	Date of Birth	Social Security Number	
Home Address (Physical Address)		City	State	Zip	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		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	
Email Address					

**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		
Email Address							

**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		
Email Address							

**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		
Email Address							

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