

Important Information About Procedures for Opening an 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. Identity verification also helps to protect you and us from identity fraud.

What this means for you: When you open an Account, we will ask you and persons associated with your account, for your name, address, date of birth, Social Security Number, and other information that will allow us to identify you. A copy of a valid Passport or Driver's License is required at the time of account opening.

TRUST INFORMATION

Name of Trust _____

What is the Tax Treatment for this Trust? Grantor Trust Non-Grantor Trust

If a Grantor Trust, will the Grantor's Social Security Number be used as the Tax Identification Number for this trust? Yes No

Note: If the Grantor's SSN is to be used, please attach a completed W9 form, signed by the Grantor.

If trust will not use Grantor's SSN as its Tax Identification Number, will Peak Trust Company be responsible for applying for the TIN? Yes No

If TIN has already been obtained, please provide.

Trust Tax Identification Number (TIN) _____

Is trust a Delegated Trust? Yes No

GRANTOR INFORMATION

Name of Grantor (First/Mi/Last) _____

Physical Address _____

City _____ State _____ Zip _____ Country _____

Mailing Address (if different) _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Date of Birth ___/___/___ Social Security Number _____

Is Grantor a US Citizen? Yes No

If not a US Citizen, provide country of citizenship: _____

Note: Please attach a legible copy of the Grantor's Passport or Driver's License.

GRANTOR INFORMATION *(Applicable if there is an additional Grantor.)*

Name of Grantor (First/Mi/Last) _____

Physical Address _____

City _____ State _____ Zip _____ Country _____

Mailing Address (if different) _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Date of Birth ___/___/___ Social Security Number _____

Is Grantor a US Citizen? Yes ___ No ___

If not a US Citizen, provide country of citizenship: _____

Note: Please attach a legible copy of the Grantor's Passport or Driver's License.

ATTORNEY INFORMATION

Name of Attorney _____

Name of Firm _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Law Firm EIN (optional) _____

INVESTMENT ADVISORY REPRESENTATIVE (IAR) INFORMATION *(Required for Delegated Trusts.)*

Name of IAR _____

Name of Investment Advisory Firm _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Investment Advisory Firm EIN (optional) _____

CPA INFORMATION *(Please provide the firm or individual whom the Grantor wishes to prepare the trust's income tax returns.)*

Name of CPA _____

Name of Firm _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

CPA Firm EIN (optional) _____

Note: CPA information is required within 30 days of account opening or a CPA will be designated.

BILLING INVOICE RECIPIENT *(Please provide the address where billing invoices should be sent.)*

Name of Invoice Recipient _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Please select an invoice delivery method: Email (default) ___ OR Paper ___

TRUST STATEMENT RECIPIENT *(Please designate person(s) to receive trust statements. If there are more than two individuals who should receive trust statements, please include their information on a separate attachment.)*

Name of Trust Statement Recipient _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Statement Frequency: Monthly ___ Quarterly ___ Semi-Annual ___ Annual ___

Please select a statement delivery method: Electronic Statements ___ OR Paper Statements ___

Note: If you select Electronic Statements, you will be provided with access to our online portal.

TRUST STATEMENT RECIPIENT *(Applicable if there is an additional trust statement recipient.)*

Name of Trust Statement Recipient _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Statement Frequency: Monthly ___ Quarterly ___ Semi-Annual ___ Annual ___

Please select a statement delivery method: Electronic Statements ___ OR Paper Statements ___

Note: *If you select Electronic Statements, you will be provided with access to our online portal.*

PRIMARY BENEFICIARY *(Please list information for all primary beneficiaries. If more than three primary beneficiaries, please include a separate attachment with information for all additional primary or remainder beneficiaries.)*

Name of Beneficiary (First/Mi/Last) _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Date of Birth ___/___/___ Social Security Number _____

Is beneficiary a US Citizen? Yes ___ No ___

If not a US Citizen, provide country of citizenship: _____

Is beneficiary a Crummey Notice recipient? Yes ___ No ___

Note: *If beneficiary is a minor please provide name of an adult to receive notices on beneficiary's behalf.*

Name of Adult to Receive Notices for Minor Beneficiary _____

PRIMARY BENEFICIARY (Applicable if there is an additional beneficiary.)

Name of Beneficiary (First/Mi/Last) _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Date of Birth ___/___/___ Social Security Number _____

Is beneficiary a US Citizen? Yes ___ No ___

If not a US Citizen, provide country of citizenship: _____

Is beneficiary a Crummey Notice recipient? Yes ___ No ___

Note: If beneficiary is a minor please provide name of an adult to receive notices on beneficiary's behalf.

Name of Adult to Receive Notices for Minor Beneficiary _____

PRIMARY BENEFICIARY (Applicable if there is an additional beneficiary.)

Name of Beneficiary (First/Mi/Last) _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Date of Birth ___/___/___ Social Security Number _____

Is beneficiary a US Citizen? Yes ___ No ___

If not a US Citizen, provide country of citizenship: _____

Is beneficiary a Crummey Notice recipient? Yes ___ No ___

Note: If beneficiary is a minor please provide name of an adult to receive notices on beneficiary's behalf.

Name of Adult to Receive Notices for Minor Beneficiary _____