			For Office Use Only
	_	Opened By:	Account Number:
TODAY'S BANK			Place Bar Code Here
TRUST ACCOUNT APPLICATIO			
As required by the USA Patriot Act, Important Information about opening a New		nt fight the funding of ter	rorism and money laundering activities, federal law
requires all financial institutions to obtain, verify, and record information that identif for your name, address, date of birth, tax id number, beneficial owners, control pers driver's lic		ill allow us to identify the	
1.) Please choose the types of accounts you are interest	, .		
Trust:			
	Money Market		_ NOW Checking
Freedom Checking	Savings		_ Club Acct-Christmas/Vacation
2.) TRUST ACCOUNT INFORMATION			
Legal Trust Name	Trust Com	nencement Date	Tax ID No
Business Address (Street Address)	Mailing Ac	dress (if different)	
City, State, Zip Code	City, State	Zip Code	
Phone Number			For Office Use Only- Industry Code 525920
Initial Deposit Amount \$ Source of Funds	s for Opening Account		
3.) Are you Interested in the following Services:			
Debit CardOnline Banking			
4.) Are you interested in purchasing checks for this acco	ount?		
5.) TRUSTEE INFORMATION			
Name (First, MI, Last)			
Individual Address (Street Address)	Mailing Ac	dress (if different)	
City, State, Zip Code	City, State	Zip Code	
Home Phone Work Phone		Cell Phone	Email Address
Social Security/Tax ID Number	Date of Birth (MM/DD/YYYY)		Mother's Maiden Name
			Please circle one of the following:
Driver's License, State Id, or Passport Number	Issued By Issue Dat	e Expiration Date	US Citizen Permanent Resident Alien Non-Permanent Resident Alien
			For Office Use Only- Industry Code
Occupation (If retired or disabled, list previou Employer's Name occupation outside of the home.)	s occupation. If you are a home	maker, list your last	

Signatures are required on the next page. Please complete the additional account holder form if needed.

TRUST Account Name_____

6.) TRUSTEE INFORMATION				
Name (First, MI, Last)				
Individual Address (Street Address)		Mailing Address	s (if different)	
City, State, Zip Code		City, State, Zip C	Code	
Home Phone	Work Phone	C	Cell Phone	Email Address
Social Security/Tax ID Number	l Security/Tax ID Number Date of Birth (MM/DD/YYYY)			Mother's Maiden Name
Driver's License, State Id, or Passport Number	Issued By	Issue Date E	Expiration Date	Please circle one of the following: US Citizen Permanent Resident Alien Non-Permanent Resident Alien
	155464 Dy			For Office Use Only- Industry Code
Occupation (If retired or disabled, list previous occupation. If you are a homemaker, list your Employer's Name last occupation outside of the home.)				
7.) TRUSTEE INFORMATION				
Name (First, MI, Last)				
Individual Address (Street Address)		Mailing Address	s (if different)	
City, State, Zip Code	City, State, Zip Code			
Home Phone	Work Phone	c	Cell Phone	Email Address
Social Security/Tax ID Number	Date of Birth (I	MM/DD/YYYY)		Mother's Maiden Name
				Please circle one of the following:

					US Citizen Permanent Resident Alien
Driver's License, State I	d, or Passport Number	Issued By	Issue Date	Expiration Date	Non-Permanent Resident Alien
					For Office Use Only- Industry Code
	Occupation (If retired or disabled,	list previous occupation. If	you are a homema	aker, list your last	
Employer's Name	occupation outside of the home.)				

I understand that under the USA Patriot Act, this financial institution is obligated to verify the identity of each customer opening a new account, or each new owner being added to a deposit account, and I understand and agree that if the institution is not able to verify the identity of all of the owners of this account within a reasonable time, it may, at any time, in its sole discretion, without providing notice, close the account. I certify that I am aware that restricted internet gambling transactions are prohibited from being processed through the account or relationship. The information I have provided is correct to the best of my knowledge. I authorize Today's Bank to check credit and/or employment history should it deem necessary. Verification of all account information is provided by a third party.

8.) SIGNATURE(S) REQUIRED

TRUSTEE SIGNATURE	PRINT NAME	TITLE	DATE
TRUSTEE SIGNATURE	PRINT NAME	TITLE	DATE
TRUSTEE SIGNATURE	PRINT NAME	TITLE	DATE