

# Trust Company of America Form Guide

## Trust Account Application

This form guide highlights the minimum required information to open an account. Blue highlights and gray text are required under certain circumstances. If optional sections are not completed properly, the account will be opened but the option will not be activated. We recommend filling out all information requested to help us better service the account. Refer to the detailed instructions at the beginning of the application for a complete guide to completing the form.

**Trust Company of America**  
Institutional Advisor Services  
**TRUST ACCOUNT APPLICATION**

**SECTION 1: Account Type**

**A. ACCOUNT TYPE**

Select one:

IRREVOCABLE TRUST  
 REVOCABLE AND AMENDABLE TRUST  
 TESTAMENTARY TRUST  
 OTHER

If Other, Type of Trust \_\_\_\_\_

**B. ADDITIONAL REQUIREMENTS**

Corporate Trustee. Refer to Section 1B in "General Instructions" for additional documentation requirements.

**SECTION 2: Trust Information**

**A. TRUST INFORMATION**

Legal Title of Trust \_\_\_\_\_  
Legal Title of Trust (continued) \_\_\_\_\_  
Legal Title of Trust (continued) \_\_\_\_\_

Date of Trust \_\_\_\_\_ Date of Amendment(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Federal Tax Identification Number (EIN) or Social Security Number \_\_\_\_\_

Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**B. STREET ADDRESS**


Mailing address is the residential street address

Residential Street Address (no P.O. Boxes) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

**SECTION 3: Authorized Trustee(s)**

**A. AUTHORIZED TRUSTEE(S)**

By signing the Trust Certification, Indemnity and Agreement in Section 9, the trustees hereby certify that Trust Company is authorized to follow the instructions of the authorized trustee(s) listed below and to deliver funds, securities or any other assets in this account to any party or on any authorized trustee's instructions, because either (1) the Trust Agreement expressly provides that each trustee is authorized to act individually, independently and without the consent of the other



Trust Company of America

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**SECTION 3: Authorized Trustee(s) Continued**

trustees for all purposes related to the Trust Account with Trust Company, or (2) if the Trust Agreement does not contain such an express provision, the trustee so acting has obtained the requisite consent of the other trustees in accordance with the requirements of the Trust Agreement.

Trust Company of America, a financial institution as defined by the Bank Secrecy Act, uses the information provided below to verify your identity. We may submit the information to a third party service bureau, in which case the information will be compared against their database, we may request from you permission to obtain a credit report or any other means including requesting additional information from you or others. The responses from the above are confidential information and will not be shared with others unless required by law. Please refer to the instructions for completing this application to identify whose information should be provided below. All authorized trustees named below must sign in Section 9.

**1. Authorized Trustee**

Authorized Trustee Name \_\_\_\_\_  
Residential Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**2. Authorized Trustee**

Authorized Trustee Name \_\_\_\_\_  
Residential Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Corporate trustee. One or more authorized trustee(s) are a corporate trustee. A corporate resolution is provided.

Additional authorized trustee information provided. Note: Complete the "Additional Information Application Addendum" form.

**B. SUCCESSOR TRUSTEE**

In the event of the death of all the trustees named above, the person named below will act as successor trustee.

Successor Trustee Name \_\_\_\_\_  
Residential Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

1. Select account (trust) type.
2. Complete account owner information.
  - If mailing address is not a business street address, complete Section 2B.
3. Complete authorized trustee information for each authorized trustee.
  - If an authorized trustee is a corporate trustee, check the Corporate Trustee box and include a corporate resolution.
  - For more than two authorized trustees, check the Additional Information box and include an Additional Information Application Addendum.

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**SECTION 4: Account Funding**

Select all that apply:  
 **By check.** Make the check payable to Trust Company of America.

Check Amount (\$) \_\_\_\_\_

**IMPORTANT:** In the memo line on the front of the check, write your new Trust Company of America account number, if available.

**By federal wire.** Notify your investment advisor in advance. Wires may only be sent on or after the account open date.  
 **By systematic ACH contributions.** Provide the systematic ACH contribution and bank information in Sections 5A and 5C.  
 **Transfer from another custodian or other financial institution.** Complete, sign, and provide a "Transfer Request" form for each transferring account.

**SECTION 5: Systematic Contribution or Distribution and Bank of Record (optional)**

*Note: If you are electing both a systematic ACH contribution and ACH distribution with different bank accounts, complete this section for one election. Then complete and provide a "Systematic Contribution or Distribution Request" form for the other election.*

**A. SYSTEMATIC ACH CONTRIBUTION**

**IMPORTANT:** It takes approximately 7 days from receipt of this form for the systematic contribution to be activated.

Amount of Each Contribution (\$) \_\_\_\_\_

Month to Begin Contributions (see note above) \_\_\_\_\_

Frequency of Contributions  
 Select one:  Monthly  Semi-annually  Quarterly  Annually

Day of Month to Withdraw Contributions  
 Select one:  5th  25th

**B. SYSTEMATIC DISTRIBUTION**

**IMPORTANT:** It takes approximately 7 days from receipt of this form for the systematic distribution to be activated.

Amount of Each Distribution (\$) \_\_\_\_\_


Month to Begin Distributions \_\_\_\_\_

Frequency of Distributions  
 Select one:  Monthly  Semi-annually  Quarterly  Annually

Day of Month to Withdraw Distributions  
 Select one:  5th  15th (checks only)  25th

Distribution Method  
 Select one:  
 By ACH to the bank information in Section 5C.  
 By check to the account owner at the address in Section 2.  
 By check to the account owner at the address below.  
 By check to a third party listed below.

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Trust Company of America

Trust Company Account Number \_\_\_\_\_

**SECTION 5: Systematic Contribution or Distribution and Bank of Record (optional) Continued**

Payable To (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

**C. BANK INFORMATION**

Select one:  Bank for systematic ACH contribution  Bank for systematic ACH distribution

Select one:  Checking account  Savings account

Bank Name \_\_\_\_\_ ABA (Routing) Number \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Account Number \_\_\_\_\_

Volded check provided in lieu of bank information. *Note: You still need to indicate the type of account above.*

**D. WIRING INSTRUCTIONS FOR BANK OF RECORD (optional)**

Select one:  Checking account  Savings account

Bank Name \_\_\_\_\_ ABA (Routing) Number \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Volded check provided in lieu of bank information. *Note: You still need to indicate the type of account above.*

**IMPORTANT:** Wire instructions to a bank different than your designated bank of record may require written instructions signed by an authorized party for this account.

**SECTION 6: Interested Third Party (optional)**

Select all that apply:  Statements  Deposit confirmations  
 Tax forms

Interested Party Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Additional interested third party information provided. *Note: Complete the "Additional Information Application Addendum" form.*

4. Select how the account will be funded
5. Optional
6. Optional

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**SECTION 7: Electronic Delivery and Statement Family (optional)**

**A. ELECTRONIC DELIVERY (e-delivery)**

With your consent Trust Company can electronically deliver a growing number of account documents including your account statements, reports, and required notices. In order to elect e-delivery you must maintain a valid email address with Trust Company and have access to a computer to retrieve the documents through a secure account login. By consenting to e-delivery of documents you agree to receive any or all required notices through e-delivery as well as your statements. You may withdraw your consent at any time either online through your account or in writing.

I consent to e-delivery of statements and other account documents.

**B. STATEMENT FAMILY**

*Note: If creating a new or adding to a current Statement Family, provide the account information below.*

Select one:

Create a new Statement Family  
 Add to current Statement Family

Trust Company Account Number of Primary Account Holder \_\_\_\_\_

Account Title \_\_\_\_\_

Last 4 digits of Social Security or Tax Identification Number \_\_\_\_\_

Investment Advisor \_\_\_\_\_

As account owner of the primary account, I hereby acknowledge the request to add accounts to my statements. I further attest I will hold Trust Company of America harmless from any loss, claim, expense or other liability for this action.

Primary Account Holder Authorization \_\_\_\_\_

**SECTION 8: Account Management**

As account owner, I am granting the authority to the following investment advisor to direct the investment activities of this account.

**A. INVESTMENT ADVISOR**

Investment Advisor Firm Name \_\_\_\_\_

**B. CLIENT REPRESENTATIVE**


Client Representative Name \_\_\_\_\_

Client Representative Firm Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

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Trust Company of America

Trust Company Account Number \_\_\_\_\_

**SECTION 9: Trust Certification, Indemnity and Agreement**

**SUBSTITUTE W9 PROVISION**

By signing below, I certify under penalties of perjury that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

I understand that the IRS does not require my consent to any provision of this document other than certifications required to avoid backup withholding.

**STATEMENT FAMILY AUTHORIZATION**

I authorize Trust Company of America to affiliate my account statement to the party listed as primary account in Section 7B. I understand I will no longer receive a statement as a result of this action.

I understand that the primary account of the family is electing the method of delivery and that the primary account can designate a new primary account without further authorization from the other family members.

I further attest I will hold Trust Company of America harmless from any loss, claim, expense or other liability for this action. If at some later time I wish to discontinue having my statement sent to the primary account, I must send new written instructions to Trust Company of America to make this change.

I understand that the amount of any systematic instruction, if applicable, will remain the same until I submit a request to change the existing program in place. I certify that I have full authority to make the systematic request involving the bank account provided. In the event an ACH entry is incorrect, Trust Company of America reserves the right to submit correcting entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

I have read and agree to the terms of the Trust Certification, Indemnity and Agreement, Section 9, and the Account Agreement, Section 10. I have read and understand Trust Company of America Client Privacy, Section 11, Truth in Savings Disclosure – Institutional Client, Section 12 and my Investment Advisor's Fee Disclosures.

We, the undersigned authorized trustee(s) represent and warrant that the signatures below are the genuine signatures of the authorized party(ies) and that we have the authority to open this account and to execute this Agreement. If the trustee is a corporate trustee, the signatures below are the genuine signatures of the officer or the trustee duly authorized by the trustee to act on its behalf with respect to the trust. A Corporate Resolution is attached.

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- 7. Optional
- 8. Enter investment advisor firm name.
- If applicable, complete client representative information.

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9. Have each authorized trustee named in Section 3 sign, date, and print name.

**Trust Company of America  
Institutional Advisor Services  
TRUST ACCOUNT APPLICATION**

**SECTION 9: Trust Certification, Indemnity and Agreement  
Continued**

Where applicable, plural references in this Certification and Agreement shall be deemed singular. In consideration of Trust Company of America opening and/or maintaining an account for the Trust, the undersigned Trustees represent, warrant and certify that the representations made in the Certification are true, complete and accurate, that the Trust is in full force and effect, and that the Trust Agreement (as defined herein) has not been revoked, modified or amended in any manner which would cause the representations contained in the Certification to be inaccurate or incorrect.

If there is more than one Trustee, and no one Trustee has authority, acting individually and without notice to any other Trustee, to deal with Trust Company independently, Trust Company is authorized to follow the instructions of any of the Authorized Trustee(s) listed in Section 3 of this Account Application and to deliver funds, securities or other assets in this account to any Party or on any Authorized Trustee's instructions on the presumption that the Trustee so acting has obtained the requisite consent of the other Trustees in accordance with the Trust Agreement. It is the responsibility of the Authorized Trustee(s) to consult with all other Trustees before giving Trust Company any instructions regarding the account. Trust Company is not responsible for determining the purpose or propriety of any instructions received from any Authorized Trustee or for the disposition of payments or deliveries among Trustees. Any notice sent to one Trustee shall constitute notice to all Trustees.

Trust Company of America may rely on this Certification and upon the representations made herein unless and until it receives written notice of change. The undersigned Trustees agree to send prompt written notice to Trust Company of America of any change in Trustees, of any amendment or modification to the Trust Agreement which would cause the representation contained herein to be or become inaccurate or incorrect, or of the occurrence of any event which would affect the Trust's revocability, the Trustee's powers or any representation made in this Certification.

The undersigned Trustees have the power under the Trust and applicable law to enter into the transactions and issue the instructions that are made in this account. Such power may include, without limitation, the authority to buy, sell, exchange, convert, lender, redeem and withdraw assets (including delivery of securities to and from the account). Such power may include, without limitation, to delegate to others trading authority within the account, to retain the services of outside professionals such as Investment Advisors, Money Managers, counsel, and/or accountants and to pay the fees of such professionals from the assets of this Trust Company of America account.


The undersigned Trustees understand that all orders and transactions will be governed by the terms and conditions of all other account agreements applicable to this account.

In the event of the death, resignation, or replacement of the Trustee(s), the remaining Trustee(s) shall provide prompt written notice of the event to Trust Company of America. Additional paperwork, including a new Trust Certification shall be provided upon reasonable request from Trust Company.

The undersigned Trustees hereby jointly and severally indemnify Trust Company of America and each of its officers, directors, employees and agents from, and hold such persons harmless against, any claims, judgments, surcharges, settlement amounts, or other liabilities or costs of defense or settlement (including attorney's fees) arising out of or related to any actual or alleged improper or unsuitable actions taken at such Trustee's instructions in connection with the account established at Trust Company of America. This indemnification is made by the undersigned Trustees both in their capacities as trustees and in their individual capacities, and shall not be limited by the Trustees' provision to Trust Company of America independent documentation concerning the representations made herein.

The representations and obligations stated herein are binding upon all Trustees and Successor Trustees and shall survive the termination of the Trust agreement and the Account Agreement relating to the Trust's account with Trust Company of America.

The undersigned Trustees agree to supply additional information about the Trust upon reasonable request in order for Trust Company of America to carry out any instructions including but not limited to the transfer or liquidation of securities owned by the account.



Trust Company Account Number

**SECTION 9: Trust Certification, Indemnity and Agreement  
Continued**

We, the undersigned trustees, (and if applicable, grantors) represent and warrant that the signatures below are the genuine signatures of each of us and that we have the authority to open this account and to execute this Certification and Agreement. If the trustee is a corporate trustee, the signatures below are the genuine signatures of the officer or the trustee duly authorized by the trustee to act on its behalf with respect to the trust. A Corporate Resolution is attached.

**IMPORTANT:** Trusts should not provide any supporting documentation with the account application, including but not limited to the trust agreement. Trust Company will not review or rely on these documents and have no responsibility to maintain these documents in the account records for the organization. If Trust Company receives the documents for any reason, they will have no responsibility for them.

**All Trustees must be listed below and sign this Trust Certification, Indemnity and Agreement. If only one trustee is named, it shall be a representation that the named trustee is the sole trustee.**

Authorized Trustee Signature	Date
Print Name	
Authorized Trustee Signature	Date
Print Name	
Authorized Trustee Signature	Date
Print Name	
Authorized Trustee Signature	Date
Print Name	

**SECTION 10: Account Agreement**

I hereby request that Trust Company of America, ("Custodian"), a trust company organized under the laws of the State of Colorado and having its principal place of business in Centennial, Colorado, open a custodial account in the name(s) listed as account owner ("Owner") on this Trust Company of America account application ("Application"). The Owner has selected an investment advisor ("Investment Advisor") as indicated on the Application to manage the assets in the account. The Investment Advisor is an agent of the Owner and is not an agent of the Custodian. The Owner selects the Custodian to furnish system and account services to the Owner on the terms and conditions hereinafter set forth.

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Owner and Custodian agree with each other as follows:

1. A. **Account Record Keeping** – Custodian shall maintain the account on its computerized system, which provides within each account cash postings, investment activity, account assets, account contributions and account distribution records.

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