



## T Bank Trust Maintenance Form

Check all that apply:  Online Access\*  Update Email Address  
 Update Address  Update SSN/Tax ID

<input type="checkbox"/> Statements _____ <input type="checkbox"/> Start <input type="checkbox"/> Stop
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Company Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_  
 Email Address: \_\_\_\_\_ (Required for Online Access)  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Home Fax: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
 Social Security/Tax ID #: \_\_\_\_\_ (Required for Online Access)

### T Bank Trust Account(s) to be affected (Required)

Account Number(s): \_\_\_\_\_

Special Instructions: _____   
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W-9. By signing below I certify, under penalties of perjury, (1) that the taxpayer identification number shown below is the correct taxpayer identification number for the entity this account is being created for, and (2) that entity is not subject to backup withholding because either it has not been notified that it is subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified it that it is no longer subject to backup withholding. (Cross out item (2) above if Grantor has been notified that he or she is subject to backup withholding because of underreporting interest or dividends on his or her tax return.)

Client acknowledges that allowing other persons online access to my accounts, those persons will have access to financial information in Client accounts. Client hereby consents and waives any privacy or other confidentiality rights it may have with respect to T Bank's disclosure of confidential information to those persons Client authorizes. This authorization shall continue until T Bank is notified in writing of any revocation by Client. Such revocation will not take effect until received by T Bank in writing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Dated

*\* Upon receipt of completed form, T Bank will send registration to the email address provided. \*\* Statement cycles are based on year ending 12/31*

Received by T Bank, NA

By: \_\_\_\_\_

Dated: \_\_\_\_\_