

# SALEM FIVE TRUST ACCOUNT APPLICATION



Product Name

Checking Savings  
Debit/ATM Card

Both  
Checks (Checking only)

## TRUST

Trust accounts with a separate Employer Identification Number (EIN) are ineligible to use this application method.

NACIS Code: 525920

Trust Name Date Trust Created (mm/dd/yyyy) SSN of Donor/Trustee used as Trust Tax ID  
      
Mailing Address (only if different from Trustee) City State Zip

## TRUSTEE INFORMATION

First Name M.I. Last Name Mother's Maiden Name Birth Date Social Security Number  
        
Street Address City State Zip Telephone Number  
       
Driver's License No. State License Expiration Date Employer Name Occupation  
        
Employer Address City State Zip Employer Telephone Number  
  
Email Address (Required for Online Banking)

## SECOND TRUSTEE INFORMATION (if applicable)

First Name M.I. Last Name Mother's Maiden Name Birth Date Social Security Number  
        
Street Address City State Zip Telephone Number  
       
Driver's License No. State License Expiration Date Employer Name Occupation  
        
Employer Address City State Zip Employer Telephone Number  
  
Email Address (Required for Online Banking)

I understand that I will receive QuikCheck image statements with the understanding that my actual cancelled checks will not be returned to me.

Please review this information and sign below.

I authorize you to accept my/our verbal requests for electronic access devices or channels. If Online Banking is requested and provided, I authorize you, and any third party acting on your behalf, to serve as my agent in processing payments to targeted payees pursuant to my payment instructions and I authorize you to post such payments to my account.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number.
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 dividend(s), or (c) the IRA has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including U.S. Resident Alien).

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature Required

Important Information About Procedures for Opening a New 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. What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Acknowledgments: By signing this document, I acknowledge that I have opened a Salem Five deposit account and understand that the account will be governed by Salem Five's Consumer Banking Services Agreement & Disclosures, which are available for reference at any time via our website. If the terms are not acceptable, I will immediately close the account and receive all deposited money, in full, with no fees or service charges, along with any interest owed to me. I authorize you to obtain any information about me that you believe is necessary to evaluate this application, including consumer reports from consumer reporting agencies.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature Required

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Secondary Trustee (if applicable)

Please complete this application and mail, along with your check of minimum \$100 per account and copy of your Trust document or Certificate of Trust as well as your photo ID, to: Salem Five

Attn: Account Opening  
210 Essex Street  
Salem, MA 01970