

TRUST AS ACCOUNT BENEFICIARY

Send the completed form and a copy of your signed Trust or Trust Certificate or Declaration of Trust, showing Name of the Trust, Date, Trustee(s), and Signature of the Grantor (typically the initial Trustee), to **businessteam@oldglorybank.com**.

Primary Account Holder Information		
Customer Name as it appears on your Old Glory Ba	ink account	
Email address on file		
Select an account type and enter the account nur	mber:	
☐ Spending/Checking Account Number	☐ Savings Account Number	
Select an account type and enter the account nur	mber:	
Spending/Checking Account Number	Savings Account Number	
Beneficiary Information		
Name of Trust		
Date of Trust	Social Security Number or EIN	I
Revocable or Irrevocable		
Mailing Address of Trust		
Trustee		
Name		
Address		
Phone Number	Email Address	
Customer Signature		Date

