

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 Bo	ank account	
Email address on file		
Select an account type and enter the account nu	mber:	
Spending/Checking Account Number	Savings Account Number	
Select an account type and enter the account nu	mber:	
Spending/Checking Account Number	Savings Account Number	
Beneficiary Information		
Name of Trust		
Date of Trust	Social Security Number or EIN	
Revocable or Irrevocable		
Mailing Address of Trust		
Trustee		
Name		
Address		
Phone Number	Email Address	
Customer Signature		Date

