

Master Deposit Agreement – Trust



Beach Business Bank and The Doctors Bank, a division of Beach Business Bank, (collectively, the "Bank") are the same FDIC-insured institution. Deposits held under each trade name are not separately insured, but are combined to determine whether a depositor has exceeded the federal deposit insurance limit.

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 for 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.

Trust Information		
Name of Trust:	Date of Trust:	Type of Trust:
Street Address:		Mailing Address (if different from Street Address):
City, State, Zip:		City, State, Zip:
Main Phone:	Alternate Phone:	Tax ID or EIN:

Trustee Information	<i>Each Trustee must provide a legible copy of a driver's license or US Passport</i>
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Trustee 1	
Name:	Mailing Address (if different from Street Address):
Street Address:	City, State, Zip:
	Occupation:
City, State, Zip:	Employer:
Home Phone:	Work Phone:
Mother's Maiden Name or Codeword:	
Email:	
Date of Birth:	
Social Security Number:	
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No:	Passport Number & Country/Date of Issue: <input type="checkbox"/> Offr Init
Identification: Description, Number, Issue Date, Expiration Date <input type="checkbox"/> Offr Init	

Trustee 2	
Name:	Mailing Address (if different from Street Address):
Street Address:	City, State, Zip:
	Occupation:
City, State, Zip:	Employer:
Home Phone:	Work Phone:
Mother's Maiden Name or Codeword:	
Email:	
Date of Birth:	
Social Security Number:	
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No:	Passport Number & Country/Date of Issue: <input type="checkbox"/> Offr Init
Identification: Description, Number, Issue Date, Expiration Date <input type="checkbox"/> Offr Init	

Taxpayer ID Number Certification

Check appropriate box:	<input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) • _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Exempt payee
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Under penalty of perjury, I certify:

- That the number shown on this Master Deposit Agreement is my correct taxpayer identification number, and
- That 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 that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- I am a U.S. Person (including a U.S. Resident Alien)

CAUTION: If you are subject to backup withholding, please strike out the language in item (2) above.

I understand that the Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

X _____ Date _____
 Signed _____
 Taxpayer Identification Number _____

ATM / VISA Check Card Request:

Please issue an ATM / VISA Check Card and PIN to the individuals who have initialed below:

_____ Customer 1 _____ Customer 2

Account Information					
The following accounts, and all accounts contained on a related Account Addendum are subject to this Master Agreement. The authorities granted to all Authorized Signers on this Master Agreement, and any beneficiary designations thereon, apply to all accounts noted on this Agreement and related Account Addenda.					
Account Number	Account Subtitle	Product Type	Date Opened	Date Closed	Officer Initial

Signatures and Authorizations	
<p>By signing below, I/we agree that the undersigned is authorized to sign on behalf of all of the Trustee(s) for all deposit accounts (whether one or more, the Accounts) that are now or subsequently opened with the Bank for the above-named Trust, and that the Trust shall be governed by the rules, regulations and terms of this Master Deposit Agreement, the Deposit Account Agreement, and the Information on Your Personal Account (Including Fees and Charges). Bank may amend these policies and terms or adopt new policies and terms applicable to the Accounts from time to time, and the Trust will follow and be bound by the amended or new policies and terms upon written notice.</p> <p>The undersigned authorizes the Bank to investigate credit and employment history and obtain reports from consumer reporting agencies on each of the Trustees as individuals. I/we authorize Bank to accept instructions from any one Trustee to close Accounts, open new Accounts in the Trust's name, and request account service, without requiring further original signatures from anyone. Bank may accept instructions from any Trustee, whether by telephone, facsimile transmission, or personal computer, with the same effect as if such instruction had been signed individually. I/we agree to follow such security procedures as Bank may require and to provide my/our signature(s) if required. Bank may at any time refuse to accept such an instruction from me/us, and may also terminate this agreement at any time. I/we authorize Bank to record my/our telephone calls.</p> <p>I/we understand and, by signing below, acknowledge that Beach Business Bank and The Doctors Bank, a division of Beach Business Bank, (collectively, the "Bank") are the same FDIC-insured institution. Deposits held under each trade name are not separately insured, but are combined to determine whether a depositor has exceeded the federal deposit insurance limit.</p> <p>Dated: _____</p>	
Trustee 1 X _____ Trustee 1: Print Name	Trustee 2 X _____ Trustee 2: Print Name

Bank Use Only:				
Date Opened:		Opened By:		Date Closed / Superseded:
Referred By:		Source of Funds:		Previous Bank:
Verification: Trust Trustee 1 Trustee 2	ChexSystems	OFAC	Follow-up:	
Approved by:		Approval Date:		
Comments:				

**Trustee Certification
(Deposit Account)**

Name of Trust: _____ (hereinafter the "Trust" or "Trust Agreement"). The undersigned trustee (hereinafter "Trustee") of the above-referenced Trust, and the undersigned as an individual, hereby certifies as follows:

1. **Settlor(s) / Trustor(s).** The full name(s) of the settlor(s) of the Trust is/are:

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2. **Trustee(s).** The full name(s) of the currently acting Trustee(s) is/are:

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3. **Successor Trustee(s).** As of today, the persons designated to become successor trustees are:

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4. **Authorization and Number of Trustees.**

I am or we are the current and only Trustee(s) of the Trust. The Trust is in full force and effect and has not been revoked, modified, or amended in any manner which would cause the representations herein to be incorrect. I / we further state that any one of us acting individually, is fully empowered to act for said Trust and all of us have properly exercised our authority under said Trust in negotiating for, contracting for, and executing documents with Beach Business Bank, and that no other trustees, trust protectors, or other persons are necessary under the Trust to sign documents with Beach Business Bank. Any one of us acting individually has the authority and power to open and close bank account(s) on behalf of the Trust, deposit funds into, sign checks drawn upon, and withdraw funds from such bank account(s) established for the Trust, and to perform such other banking functions as are typical of owners of a bank deposit account.

5. **Revocability.**

Revocable. The Trust is a revocable trust. The power to revoke is held by the Trustor(s) named below. No trustor has died.

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Irrevocable. The Trust is an irrevocable trust.

6. **Co-Trustees.** If this Certification is signed by Co-Trustees, each Trustee certifies for himself or herself and not for the other(s). References to the singular include the plural.

7. **Tax Identification Number.** The tax identification number of the Trust is _____.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. (Where co-trustees, all trustees must sign below).

Date: _____

Date: _____

Signature: _____

Signature: _____

Trustee Name: _____

Trustee Name: _____

WITNESS:

Date: _____

Signature

Name

Relationship to Trustee