

Master Deposit Agreement – Trust



1230 Rosecrans Ave. Suite 120 Manhattan Beach, CA 90266  
(310) 536-2260 / (310) 536-2261 fax

**Beach Business Bank and The Doctors Bank (a division of Beach Business Bank) (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 \$100,000 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>
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	
e-mail:	
Date of Birth:	
Social Security Number:	
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No:	Passport Number & Country/Date of Issue
Offr Init	Identification: Description, Number, Issue Date, Expiration Date
Offr Init	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	
e-mail:	
Date of Birth:	
Social Security Number:	
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No:	Passport Number & Country/Date of Issue
Offr Init	Identification: Description, Number, Issue Date, Expiration Date
Offr Init	Offr Init

TIN Certification
<p>Under penalty of perjury, I certify:</p> <ol style="list-style-type: none"> <li>That the number shown on this Deposit Agreement is my correct taxpayer identification number, and</li> <li>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.</li> <li>I am a U.S. Citizen (including a U.S. Resident Alien)</li> </ol> <p><b>CAUTION: If you are subject to backup withholding, please strike out the language in item (2) above.</b></p> <p>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.</p> <p>X _____ DATE _____</p> <p>SIGNATURE</p> <p>_____</p> <p>SOCIAL SECURITY / TAX I.D. NUMBER</p>

ATM / VISA Check Card Request:
<p>Please issue an ATM / VISA Check Card and PIN to the individuals who have initialed below:</p> <p>_____ Customer 1                      _____ Customer 2</p>

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 Addendums.					
Account Number	Account Subtitle	Product Type	Date Opened	Date Closed	Officer Initial

Signatures and Authorizations	
<p>By signing below, I/we agree that all deposit accounts (whether one or more, the Accounts) that are now or subsequently opened with the Bank for the above-named individual(s) is/are to 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 I/we will follow and be bound by the amended or new policies and terms upon written notice.</p> <p>The undersigned authorize the Bank to investigate credit and employment history and obtain reports from consumer reporting agencies on each of us as individuals. I/we authorize Bank to accept instructions from me/any one of us to close Accounts, open new Accounts in my/our names(s), and request account service, without requiring further original signatures from me/us. Bank may accept instructions from me/any one of us, whether by telephone, facsimile transmission or personal computer, with the same affect as if I/we had signed them. 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 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) (the "Bank") are one and 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 \$100,000 federal deposit insurance limit.</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:
Verifications	ChexSystems	OFAC	Follow-up	
Trust				
Trustee 1				
Trustee 2				
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 name(s) of the settler(s) of the Trust is/are:

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

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3. **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.

4. **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.

5. **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.

6. **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