

Master Account Agreement – Trust

BEACH BUSINESS BANK



THE DOCTORS BANK™
a division of Beach Business Bank

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

Customer Name

Port #

Bank Use Only

Beach Business Bank and The Doctors BankSM (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		Each Trustee must provide a legible copy of a driver's license or US Passport.	
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 Password	
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
Trustee 2			
Name		Mailing Address (if different from Street Address)	
Street Address		City, State, Zip	
		Occupation	
City, State, Zip		Employer	
Home Phon	Work Phone	Mother's Maiden Name or Password	
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

Taxpayer ID Number Certification
<p>Under penalty of perjury, I certify:</p> <ol style="list-style-type: none"> 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) <p>CAUTION: If you are subject to backup withholding, please strikeout the language in item (2) above.</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 _____ Signed: _____ Date _____</p> <p>_____ Tax ID Number</p>



**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