



# Trust Company of America Form Guide

## Corporate, Company, Association, or Sole Proprietorship Account Application

This form guide highlights the minimum required information to open an account. Blue highlights and gray text are required under certain circumstances. If optional sections are not completed properly, the account will be opened but the option will not be activated. We recommend filling out all information requested to help us better service the account. Refer to the detailed instructions at the beginning of the application for a complete guide to completing the form.

Trust Company of America  
Institutional Advisor Services  
**CORPORATE, COMPANY, ASSOCIATION, or  
SOLE PROPRIETORSHIP ACCOUNT APPLICATION**

**SECTION 5: Systematic Contribution or Distribution and Bank of Record (optional)**

*Note: If you are electing both a systematic ACH contribution and ACH distribution with different bank accounts, complete this section for one election. Then complete and provide a Systematic Contribution or Distribution Request form for the other election.*

**A. SYSTEMATIC ACH CONTRIBUTION**

**IMPORTANT:** It takes approximately 30 days from receipt of this form for the systematic contribution to be activated.

Amount of Each Contribution (\$) \_\_\_\_\_

Month to Begin Contributions (see note above) \_\_\_\_\_

Frequency of Contributions  
Select one:  Monthly  Semi-annually  Quarterly  Annually

Day of Month to Withdraw Contributions  
Select one:  5th  25th

**B. SYSTEMATIC DISTRIBUTION**

**IMPORTANT:** It takes approximately 30 days from receipt of this form for the systematic distribution to be activated.

Amount of Each Distribution (\$) \_\_\_\_\_

Month to Begin Distributions \_\_\_\_\_

Frequency of Distributions  
Select one:  Monthly  Semi-annually  Quarterly  Annually

Day of Month to Withdraw Distributions  
Select one:  5th  15th (checks only)  25th

Distribution Method  
Select one:  
 By ACH to the bank information in Section 5C.  
 By check to the account owner at the address in Section 2.  
 By check to the account owner at the address below.  
 By check to a third party listed below.

Payable To (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_


City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

**C. BANK INFORMATION**

Select one:  Bank for systematic ACH contribution  Bank for systematic ACH distribution

Select one:  Checking account  Savings account

Bank Name \_\_\_\_\_ ABA (Routing) Number \_\_\_\_\_



**SECTION 5: Systematic Contribution or Distribution and Bank of Record Continued (optional)**

Trust Company Account Number \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Account Number \_\_\_\_\_

Voided check provided in lieu of bank information. *Note: You still need to indicate the type of account above.*

**D. WIRING INSTRUCTIONS FOR BANK OF RECORD (Optional)**

Select one:  Checking account  Savings account

Bank Name \_\_\_\_\_ ABA (Routing) Number \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Voided check provided in lieu of bank information. *Note: You still need to indicate the type of account above.*

**IMPORTANT:** Wire instructions to a bank different than your designated bank of record may require written instructions signed by an authorized party for this account.

**SECTION 6: Interested Third Party (optional)**

Select all that apply:  Statements  Deposit confirmations  Tax forms

Interested Party Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Additional interested third party information provided

**SECTION 7: Account Management**

As account owner, I am granting the authority to the following investment advisor to direct the investment activities of this account.

**A. INVESTMENT ADVISOR**  
ABC Investments, Inc.  
Investment Advisor Firm Name \_\_\_\_\_

**B. CLIENT REPRESENTATIVE**  
\_\_\_\_\_  
Client Representative Name

5. Optional.
6. Optional.
7. Enter investment advisor firm name.
  - If applicable, complete client representative information.

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**SECTION 7: Account Management Continued**

Client Representative Firm Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

**SECTION 8: Signature**

SUBSTITUTE W9 PROVISION

By signing below, I certify under penalties of perjury that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and (2) 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 (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and (3) I am a U.S. person (including a U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions item 2 does not apply. For mortgage interest paid, acquisition or abandonment or secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

I understand that the IRS does not require my consent to any provision of this document other than certifications required to avoid backup withholding.

I have read and agree to the terms of the Resolution, Indemnity, and Agreement, Section 9, and the Account Agreement, Section 10. I have read and understand Trust Company of America Client Privacy, Section 11, and Truth in Savings Disclosure – Institutional Clients, Section 12.

<Signature> \_\_\_\_\_ 01/01/99  
Authorized Party Signature (named in Section 3) Date  
**Mary Smith**  
Print Name


\_\_\_\_\_  
 Authorized Party Signature (named in Section 3)      Date

\_\_\_\_\_  
 Print Name

*Note: The secretary signing the resolution below may not be one of the authorized party(ies) signing above unless this organization is designated a sole proprietorship.*

**SECTION 9: Resolution, Indemnity, and Agreement**

In consideration of Trust Company of America opening and/or maintaining an account for the organization, the authorized party(ies)



Trust Company  
OF AMERICA

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Trust Company Account Number \_\_\_\_\_

**SECTION 9: Resolution, Indemnity, and Agreement Continued**

represents, warrants and certifies that the representations made in the Resolution are true, complete and accurate.

Each of the undersigned authorized party(ies) has the power under this resolution and applicable law to enter into the transactions and issue the instructions that are made in this account. Such power may include, without limitation, the authority to buy, sell, exchange, convert, tender, redeem and withdraw assets (including delivery of securities to and from the account). Such power may include, without limitation, to delegate to others trading authority within the account, to retain the services of outside professionals such as investment advisors, money managers, counsel, and/or accountants and to pay the fees of such professionals from the assets of this Trust Company of America account.

The undersigned authorized party(ies) hereby indemnifies Trust Company of America and each of its officers, directors, employees and agents from, and hold such persons harmless against, any claims, judgments, surcharges, settlement amounts, or other liabilities or costs of defense or settlement (including attorney's fees) arising out of or related to any actual or alleged improper or unsuitable actions taken at such authorized individual(s) instructions in connection with the account established at Trust Company of America.

The representations and obligations stated herein shall survive the dissolution of the organization and the Account Agreement relating to the organization's account with Trust Company of America.

The undersigned authorized individual(s) agree to supply additional information about the organization upon reasonable request in order for Trust Company of America to carry out any instructions including but not limited to the transfer or liquidation of securities owned by the account.

<Signature> \_\_\_\_\_ 01/01/99  
Authorized Party Signature Date  
**Mary Smith**  
Print Name

\_\_\_\_\_  
 Authorized Party Signature      Date

\_\_\_\_\_  
 Print Name

Corporation or company is a sole proprietorship. Authorized party and secretary are the same person.

I, the undersigned Secretary, hereby certify that I am the secretary and/or authorized to act in this capacity, for this organization, identified in Section 1 and 2, organized under the laws of the State designated in Section 2, and that the authorized party(ies) listed in Section 3 are authorized to act individually on behalf of the organization with respect to opening this custodial account, entering into the transactions, and issuing the instructions in the account with Trust Company of America.

<Signature> \_\_\_\_\_ 01/01/99  
Secretary Signature Date

8. Have each authorized party named in Section 3 sign, date, and print name.

- Authorized parties may not be the Secretary.

9. Have each authorized party named in Section 3 plus the secretary sign, date, and print name.

- Check the Sole Proprietor box if only one trustee (where the sole trustee is also the secretary.)

*Note: The secretary prints their name on the next page of the form.*