

SECTION 1: General Instructions

Use these instructions to complete the Statement Family Request form.

Purpose of form: Use this form to add accounts to or remove accounts from a statement family.

Print or type all entries. Print clearly in all CAPITAL LETTERS to complete this application. To type entries, a fillable PDF of this form can be found online at www.trustamerica.com/advisor-forms.

IMPORTANT: You must **complete all required fields and provide all required signatures** to expedite processing and to avoid requests for additional information.

SECTION 2: Request Type

Select one:

- Create a new Statement Family
- Delete an existing Statement Family
- Include/Remove account(s) to an existing Statement Family

SECTION 3: Primary Account Holder Information

IMPORTANT: If you have accounts with multiple advisors at Trust Company of America, only the accounts managed by a single investment advisor may be placed in a statement family.

Trust Company Account Number

Account Title

Account Title (continued)

Last 4 digits of Social Security or Tax Identification Number

Investment Advisor

SECTION 4: Primary Account Holder Authorization

As account owner of the primary account, I hereby acknowledge the request to add accounts to my statements. I further attest I will hold Trust Company of America harmless from any loss, claim, expense, or other liability for this action.

Account Owner's Signature (Trustee, Custodian, etc) Date

Print Name

Account Owner's Signature (Joint Owner, Trustee, etc) Date

Print Name

Trust Company Account Number

SECTION 5: Account Information and Authorization to Add

I authorize Trust Company of America to affiliate my account statement referenced below to the party listed as primary account in Section 3. I understand I will no longer receive a statement as a result of this action.

I understand that the primary account of the family is electing the method of delivery and that the primary account can designate a new primary account without further authorization from the other family members.

I further attest I will hold Trust Company of America harmless from any loss, claim, expense or other liability for this action. If at some later time I wish to discontinue having my statement sent to the primary account, I must send new written instructions to Trust Company of America to make this change. I acknowledge any Interested Party attached to my account will no longer receive a statement.

Trust Company Account Number

Account Title

Signature of Account Owner

Print Name

Trust Company Account Number

Account Title

Signature of Account Owner

Print Name

Trust Company Account Number

Account Title

Signature of Account Owner

Print Name

Additional account information and signatures provided

SECTION 6: Account Information and Authorization to Remove

I authorize Trust Company of America to remove my account statement referenced below from the party listed as primary account in Section 3.

I further attest I will hold Trust Company of America harmless from any loss, claim, expense or other liability for this action. If at some later time I wish to have my statements sent to the primary account, I must send new written instructions to Trust Company of America to make this change.

| |
|------------------------------|
| |
| Trust Company Account Number |

-End of Form-

Trust Company Account Number

Account Title

Signature of Account Owner

Print Name

Trust Company Account Number

Account Title

Signature of Account Owner

Print Name

Trust Company Account Number

Account Title

Signature of Account Owner

Print Name

Trust Company Account Number

Account Title

Signature of Account Owner

Print Name

Additional account information and signatures provided