

IncredibleBank Account Application – Revocable Trust Ownership



Thank you for choosing IncredibleBank. We want to make setting up your new Account for your Trust an Incredibly easy experience.

Complete this application and securely upload any required documentation at incrediblebank.com.

For questions, call 887.261.4750.

Please provide us with documents below based on what type of Trust you have:

At this time, we do not accept Testament Trusts, Irrevocable Trusts or Trusts owned by business entities. Supplying the application and required documentation does not guarantee the account will be approved. An IncredibleBank representative will review your application and contact you. Upon approval, the formal agreement, corresponding documents and account disclosures will be provided to you for review and/or execution. To be considered for an account, please upload the following items:

- A fully executed IncredibleBank Account Application – Revocable Trust Ownership Application.
 - Proof of EIN if the trust is not under a Social Security Number.
 - Government issued ID with current address for the Grantor and each Trustee.
 - Certificate of Trust: this notarized document includes the formal name of the Trust, the Grantor(s), Trustee(s), & signatures of those individuals.
- or
- **First and last page of the trust document and pages listing authority. Please DO NOT send a copy of the full Trust Agreement itself.**
 - Original or Certified death certificate(s), if anyone named in the trust title and/or Trustee(s) is/are deceased.

SECTION 1 – TRUST INFORMATION

Name of Trust

Tax Identification Number for Trust

SECTION 2 – TYPE OF ACCOUNT YOU WOULD LIKE TO OPEN

Product Type

- | Product Type | Amount |
|--------------------------------------|----------|
| <input type="checkbox"/> Savings | \$ _____ |
| <input type="checkbox"/> Checking | \$ _____ |
| <input type="checkbox"/> 12 Month CD | \$ _____ |
| <input type="checkbox"/> 24 Month CD | \$ _____ |
| <input type="checkbox"/> 36 Month CD | \$ _____ |

Total Amount

\$ _____

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SECTION 3 – GRANTOR INFORMATION

To help the United States Government fight terrorism and money laundering, Federal law requires us to obtain, verify, and record information that identifies each person that opens an account. What this means for you: when you open an account, we will ask for your name, a street address, date of birth, and taxpayer identification number, such as a Social Security Number. We also ask you to provide a government issued ID or other identifying documents that will assist us in identifying you.

Unless otherwise noted under Section 1, the following party is considered both the Grantor and a Trustee.

_____ First Name	_____ Last Name
_____ Social Security Number	_____ Date of Birth (mm/dd/yyyy)
_____ E-Mail Address	_____ Primary Phone
_____ Business Phone (if applicable)	_____ Mobile Phone
_____ Street Address (No P.O. Boxes)	_____ Mailing Address (if different)
_____ Address Line 2	_____ Mailing Address Line 2
_____ City, State and Zip	_____ Mailing City, State and Zip
_____ Employer	_____ Occupation

Security Information: Please provide us with a password that may be used to identify you when contacting us:

Password

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SECTION 3.1 – ADDITIONAL TRUSTEE(S) INFORMATION (IF APPLICABLE)

To help the United States Government fight terrorism and money laundering, Federal law requires us to obtain, verify, and record information that identifies each person that opens an account. What this means for you: when you open an account, we will ask for your name, a street address, date of birth, and taxpayer identification number, such as a Social Security Number. We also ask you to provide a government issued ID or other identifying documents that will assist us in identifying you.

Trustee 1 (If Applicable)

_____ First Name	_____ Last Name
_____ Social Security Number	_____ Date of Birth (mm/dd/yyyy)
_____ E-Mail Address	_____ Primary Phone
_____ Business Phone (if applicable)	_____ Mobile Phone
_____ Street Address (No P.O. Boxes)	_____ Mailing Address (if different)
_____ Address Line 2	_____ Mailing Address Line 2
_____ City, State and Zip	_____ Mailing City, State and Zip
_____ Employer	_____ Occupation

Security Information: Please provide us with a password that may be used to identify you when contacting us:

Password

Trustee 2 (If Applicable)

_____ First Name	_____ Last Name
_____ Social Security Number	_____ Date of Birth (mm/dd/yyyy)
_____ E-Mail Address	_____ Primary Phone

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Business Phone (if applicable)

Mobile Phone

Street Address (No P.O. Boxes)

Mailing Address (if different)

Address Line 2

Mailing Address Line 2

City, State and Zip

Mailing City, State and Zip

Employer

Occupation

Security Information: Please provide us with a password that may be used to identify you when contacting us:

Password

Trustee 3 (If Applicable)

First Name

Last Name

Social Security Number

Date of Birth (mm/dd/yyyy)

E-Mail Address

Primary Phone

Business Phone (if applicable)

Mobile Phone

Street Address (No P.O. Boxes)

Mailing Address (if different)

Address Line 2

Mailing Address Line 2

City, State and Zip

Mailing City, State and Zip

Employer

Occupation

Security Information: Please provide us with a password that may be used to identify you when contacting us:

Password

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SECTION 4 – INTENDED METHOD TO FUND ACCOUNT(S) UPON APPROVAL

- I will mail a check payable to “IncredibleBank”.
We are unable to accept cash/currency deposits, checks payable to alternate payees, foreign checks or savings bonds.
- Transfer of funds from existing IncredibleBank Checking, Saving or Money Market account on which I am a signer.
Account Number: _____
- Contact me regarding alternative options such as wire transfer or one-time ACH debit from another financial institution.

SECTION 5 – ACCEPTANCE

By signing below, you as trustee, authorize us to obtain a consumer credit report from a consumer reporting agency to verify information provided in this application or for any legitimate business purpose in connection with the IncredibleBank account for each Trustee listed below. You further acknowledge and agree that if approved for an account under the name of this Trust, that you have a duty and responsibility to notify IncredibleBank, in writing, if any amendments are made to the Trustee(s) and/or any authorizations detailed in the Certificate of Trust provided with this application. This includes, but is not limited to an individual Trustee being unwilling or unable to serve as a Trustee. You further agree to provide any supporting documents that may be required to institute any such change(s).

Grantor Name

Date

- I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above terms.

Trustee Name

Date

- I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above terms.

Trustee Name

Date

- I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above terms.

Trustee Name

Date

- I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above terms.