



STATETRUST
International Bank & Trust LLC

Corporate Signature Maintenance Request

Name:	Portfolio Number(s):	Date (M/D/Y): ____/____/____
--------------	-----------------------------	--

Signature Maintenance

Maintenance Request	<input type="checkbox"/> Add New Signers		<input type="checkbox"/> Remove Signers			
	#	Name	Cust. #	#	Name	Cust. #
	1			1		
	2			2		
	3			3		
	4			4		
	5			5		
Instructions	In order to Add an authorized corporate signer(s) to all accounts in a STIBT Portfolio, the Client must: 1. Complete and sign this Corporate Signature Maintenance Request Form (Page 1). 2. For each new corporate authorized signer that is not a registered Client with STIBT, please complete the following: a. Corporate Customer Application Form STIBT 0001-C (Page 4). b. Form W8-BEN. c. Anti-Money Laundering Notice – Form STIBT 0020. d. Provide required documentation (two color copies of ID's, bank reference letter, copy of utility bill as proof of address). Please refer to Corporations-Authorized Signers Required Check List. e. Provide a Board Resolution authorizing corporate signature maintenance. 3. All registered authorized corporate signers must sign page 2 of this form.			In order to Remove an authorized corporate signer(s) to all accounts in a STIBT Portfolio, the Client must: 1. Complete and sign this Corporate Signature Maintenance Request Form (Page 1). 2. Provide a Board Resolution authorizing corporate signature maintenance. 3. All registered authorized corporate signers must sign page 2 of this form.		
	Special Notes					

Authorization

Please refer to the StateTrust International Bank & Trust, LLC., Universal Account Agreement for a detailed description of the terms and conditions governing all Retail Accounts.

I give my consent to the Bank to retain this form in its records, in any electronic format deemed appropriate, and that a copy of it can be treated as an original for all purposes.

By:

By:

Name:

Date(MDY)

Name:

Date(MDY)



STATE TRUST
International Bank & Trust LLC

Corporate Signature Maintenance Request

Account Name:	Portfolio Number(s):	Date (M/D/Y): ____/____/____
---------------	----------------------	---------------------------------

Corporate Banking Signature Registry (Authorized Persons) and Corporate Resolution Certification

Signature Types	<input type="checkbox"/> A Type "A" signers <u>one</u> signature required <input type="checkbox"/> B Type "B" signers <u>two</u> signatures required		Unless special instructions are specified in writing, full equal Internet access will be granted to all Signers.		
<i>For security reasons, please cross out all empty signature boxes and mark the A/B type signature boxes.</i>					
Signer 1	Signature	<input type="text"/> A <input type="text"/> B	Signer 4	Signature	<input type="text"/> A <input type="text"/> B
	Print Full Name: Title:	Date:		Print Full Name: Title:	Date:
Signer 2	Signature	<input type="text"/> A <input type="text"/> B	Signer 5	Signature	<input type="text"/> A <input type="text"/> B
	Print Full Name: Title:	Date:		Print Full Name: Title:	Date:
Signer 3	Signature	<input type="text"/> A <input type="text"/> B	Signer 6	Signature	<input type="text"/> A <input type="text"/> B
	Print Full Name: Title:	Date:		Print Full Name: Title:	Date:
Special Conditions (subject to Bank approval)	Type "A" Signatures		Type "B" Signatures		
Special Instructions Attached: <input type="checkbox"/>					
Corporate Resolution Certification	By signing this Banking Signature Registry and Corporate Resolution Certification, we certify that the following reflects the contents of a resolution duly adopted by the Board of Directors of the Corporation and not subsequently rescinded or modified were it was authorized that Portfolio(s)/Account(s) be opened at StateTrust International Bank & Trust, LLC. ("STIBT") and authorize STIBT to accept instructions from any of the above signatories to open/close/modify portfolios, accounts, make fund movements, wire transfer requests and investments, apply for credit, and request other services, without our further original signature and as described in more detailed on Section 12 or its equivalents as it may change from time to time of the General Banking Terms and Conditions. We agree to follow STIBT security procedures, to provide our signature upon request, and any other clauses defined in the Universal Banking Agreement (General Terms and Conditions). STIBT may at any time refuse to accept such instructions. We authorize STIBT to record if deemed necessary our telephone conversations as evidence of our instructions and for service quality purposes.				
	I give my consent to the Bank to retain this form in its records, in any electronic format deemed appropriate, and that a copy of it can be treated as an original for all purposes.				
By					
Name: _____		Date (MDY) _____	By		Date (MDY) _____