



Related Party Account Approval

Account Holder Full Name:	Account No:	Portfolio No:	Date(M/D/Y):
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Required Information

New Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Related Party	First Name: _____ Last Name: _____
Relationship Type	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Employee <input type="checkbox"/> Other
Position	Position: _____ Office: _____ Country: _____
Financial Institution	Name*: <i>*Institution where funds are coming from</i>
Source of Originating Funds	
Reason for Opening Account	

Related Party Acknowledgement

I have read, understood and agree to be bound by the StateTrust International Bank & Trust LLC's Rules and Regulations regarding Conflict of Interest for Employees, Agents and Related Parties.

By: _____
Related Party Date(MDY)

Authorizations

By: _____ Office Manager	_____ Date(MDY)	By: _____ Executive Manager	_____ Date(MDY)
By: _____ President	_____ Date(MDY)	By: _____ Chief of Staff	_____ Date(MDY)

☒ **Approved** ☐ **Rejected**