



**STATETRUST**  
*International Bank & Trust LLC*

## Communication & Reporting Changes

<b>Account No:</b>		<b>Date Received(MDY):</b>
<b>Account Name</b>		<b>Input By:</b>
		<b>Verified By:</b>

Please enter changed fields only.

<b>Correspondence</b>	<input type="checkbox"/> Electronic format Only(E-Mail) <input type="checkbox"/> Send correspondence by regular mail Only		
<b>Customer Correspondence Legal Mailing Address</b>	Address:  City State Zip Country:		
<b>Internet Banking Correspondence E-Mail</b>	<input type="checkbox"/> Use Personal Information E-Mail <input type="checkbox"/> Use Employment Information E-Mail <input type="checkbox"/> Use Other, E-Mail: .....		
<b>Language</b>	<input type="checkbox"/> English / Inglés <input type="checkbox"/> Spanish / Español		
<b>Preferred Mode of Contact</b>	<input type="checkbox"/> Telephone <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> Personal Visit <input type="checkbox"/> Special Instructions: .....		
<b>Terms and Conditions</b>	Regularly mailed correspondence shall be deemed to have been duly delivered when mailed. Correspondence retained by the bank in accordance with the above instructions shall also be deemed to have been duly delivered when retained electronically or physically, even though it may not actually be handed over or sent until later date. <b>Please contact Bank in writing immediately if not received within 3 months.</b>  "A" Type signatures, only one required; "B" Type signatures, two signatures are required.		

### Signature

By signing below, you represent that all of the information given to StateTrust International Bank and Trust, LLC. in this form is true and complete.

<b>Applicant's Signature:</b>  <b>Name:</b> <b>Date(MDY):</b>	<b>Co-Applicant's Signature:</b>  <b>Name:</b> <b>Date(MDY):</b>
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