



## Individual Signature Maintenance Request

Account Name:	Portfolio Number(s):	Date (M/D/Y): ____/____/____
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### Signature Maintenance

Request Type	<input type="checkbox"/> Change to Joint <input type="checkbox"/> Change to Single																																				
Maintenance Request	<input type="checkbox"/> Add New Signers <input type="checkbox"/> Remove Signers																																				
	<table><tr><th>#</th><th>Name</th><th>Cust #</th><th>#</th><th>Name</th><th>Cust #</th></tr><tr><td>1</td><td></td><td></td><td>1</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td>2</td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td>3</td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td>4</td><td></td><td></td></tr><tr><td>5</td><td></td><td></td><td>5</td><td></td><td></td></tr></table>	#	Name	Cust #	#	Name	Cust #	1			1			2			2			3			3			4			4			5			5		
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Instructions	<div>In order to <b>Add</b> an authorized signer(s) to all accounts in a STIBT Portfolio, the Client must: 1. Consider if there is a need to change from <i>Single</i> to <i>Joint</i>. 2. Complete and sign this Individual Signature Maintenance Request Form (Page 1). 3. For each new authorized signer that is not a registered Client with STIBT, please complete the following:     a. Individual Customer application Form STIBT 0001.     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 Cover Page of Individual Customer Application for required documentation.     e. Provide the New Customer Referral Acknowledgment Form STIBT 0003 (to be completed by Agent). 4. All authorized account signers must sign page 2 of this form.</div> <div>In order to <b>Remove</b> an authorized signer(s) to all accounts in a STIBT Portfolio, the Client must: 1. Consider if there is a need to change from <i>Joint</i> to <i>Single</i>. 2. Complete and sign this Individual Signature Maintenance Request Form (Page 1). 3. All authorized account signers must sign page 2 of this form.</div>																																				
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:

Name: \_\_\_\_\_

Date(MDY) \_\_\_\_\_

By:

Name: \_\_\_\_\_

Date(MDY) \_\_\_\_\_



**STATE TRUST**  
International Bank & Trust LLC

## Individual Signature Maintenance Request

Account Name:	Portfolio Number(s):	Date (M/D/Y): _ / _ / _
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### Signature Registry Maintenance (Authorized Persons)

<b>Signature Type</b>	<input type="checkbox"/> Individual    Type "A" signers <u>one</u> Signature required <input type="checkbox"/> Joint    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>					
<b>Signer 1</b>	Signature	<input type="text"/> A <input type="text"/> B	<b>Signer 6</b>	Signature	<input type="text"/> A <input type="text"/> B
	Print Name:	Date:		Print Name:	Date:
<b>Signer 2</b>	Signature	<input type="text"/> A <input type="text"/> B	<b>Signer 7</b>	Signature	<input type="text"/> A <input type="text"/> B
	Print Name:	Date:		Print Name:	Date:
<b>Signer 3</b>	Signature	<input type="text"/> A <input type="text"/> B	<b>Signer 8</b>	Signature	<input type="text"/> A <input type="text"/> B
	Print Name:	Date:		Print Name:	Date:
<b>Signer 4</b>	Signature	<input type="text"/> A <input type="text"/> B	<b>Signer 9</b>	Signature	<input type="text"/> A <input type="text"/> B
	Print Name:	Date:		Print Name:	Date:
<b>Signer 5</b>	Signature	<input type="text"/> A <input type="text"/> B	<b>Signer 10</b>	Signature	<input type="text"/> A <input type="text"/> B
	Print Name:	Date:		Print Name:	Date:
<b>Power of Attorney 1</b> (Please use Form STIBT 0006, if required)	Signature	<input type="text"/> A <input type="text"/> B	<b>Power of Attorney 2</b> (Please use Form STIBT 0006, if required)	Signature	<input type="text"/> A <input type="text"/> B
	Print Name:	Date:		Print Name:	Date:
<b>Special Conditions</b>	Special Instructions Attached: <input type="checkbox"/>				
<b>Terms</b>	<p>By signing this <b>Banking Signature Registry</b>, we authorize StateTrust International Bank &amp; Trust, LLC. ("STIBT") to accept instructions from any of the account signatories to open/close/modify accounts make fund movements, wire transfer requests and investments, apply for credit, and request services, without our further original signature. We agree to follow STIBT security procedures and to provide our signature upon request. 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.</p> <p>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.</p>				