StateTrust
International Bank & Trust LLC

Termination Request

Main Customer Number:	Account Type:	Date (MDY):
	Individual Joint	
Main Customer Name:	Corporate PHC	

The following information confirms the request for termination of Portfolios and/or Accounts marked below and their related accounts and financial products. Please attach any support (i.e. Client instruction letter, management decision, etc.) documentation if any, that confirms this action.

Closing Details

Agent	Code:	Name:	
Branch	Code:	City:	Country:
Manager	Code:	Name:	
Dates	Opening:	Closing:	
Charges & Commissions	Open Amount: Charges to be Debited: Commissions paid to Agent:	Description of Charges and Commissions:	

Retail Information

Relationship	Close	Number	Description		

Portfolios	Close	Number	Currency	Description	Balance

Accounts	Close	Number	Currency	Description	Balance

Reason for Closing

Reasons For Closing (Please check at least one)	Zero Balance Service Received*	Inactivity Compliance*	Client Request Other*	Debit Card Issues*
	* Please provide explanatory note below:			

Approval Signatures

Requested	Approved
By:	By:
Name: Date (MDY)	Name: Date (MDY)

Verified By:	Verified Date (MDY):