



STATE TRUST
International Bank & Trust LLC

Retail Account

☐ New
☐ Maintenance

Portfolio Name:	Date Received(MM/DD/YY):
Portfolio No:	Input By:
	Verified By:

Please complete the retail account information.

Money Market Deposit Account				
Legal Name				
Portfolio	Currency: <input type="checkbox"/> USD <input type="checkbox"/> Euro <input type="checkbox"/> Other: _____		Type: (Bank use only) _____	
	Nickname: _____			
Money Market Account	Currency: <input type="checkbox"/> USD <input type="checkbox"/> Euro <input type="checkbox"/> Other: _____		Nickname: _____	
Initial Funding Information	<input type="checkbox"/> Internal Transfer, Specify Account: <input type="checkbox"/> Electronic Fund Transfer <input type="checkbox"/> Deposited Check			
Sweep Link Account Protection	<input type="checkbox"/> No <input type="checkbox"/> Yes, Please enter Account Number: <input type="checkbox"/> Exact Amount <input type="checkbox"/> Increments of USD 100.-			
Account Registered Signatures	<input type="checkbox"/> Signature Registry on the following page has been signed by all account holders.			
Beneficiaries		Full Names	Identification Type	Identification Number
	1			
	2			
	3			
	4			
Special Instructions				

Signature

Please refer to the StateTrust International Bank & Trust, LLC. Universal Account Agreement (General Terms and Conditions) document for a detailed description of the rules and regulations in place for all Retail Accounts.

"A" Type signatures, only one required; "B" Type signatures, two signatures are required.

Name:
Date (MDY):

Name:
Date (MDY):



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Portfolio Name:	
Portfolio No:	Reviewed By:

Banking Signature Registry (Authorized Persons)	Corporate Resolution
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Signature Types	<input type="checkbox"/> A <input type="checkbox"/> B, Type "A" signers require <u>one</u> Signature; Type "B" signers requires <u>two</u> signatures. Number of signatories in the portfolio: <input type="text"/> <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 Print Full Name: _____ Title: _____ Date: _____	Signer 5	Signature <input type="text"/> A <input type="text"/> B Print Full Name: _____ Title: _____ Date: _____
Signer 2	Signature <input type="text"/> A <input type="text"/> B Print Full Name: _____ Title: _____ Date: _____	Signer 6	Signature <input type="text"/> A <input type="text"/> B Print Full Name: _____ Title: _____ Date: _____
Signer 3	Signature <input type="text"/> A <input type="text"/> B Print Full Name: _____ Title: _____ Date: _____	Signer 7	Signature <input type="text"/> A <input type="text"/> B Print Full Name: _____ Title: _____ Date: _____
Signer 4	Signature <input type="text"/> A <input type="text"/> B Print Full Name: _____ Title: _____ Date: _____	Signer 8	Signature <input type="text"/> A <input type="text"/> B Print Full Name: _____ Title: _____ Date: _____
Special Conditions (subject to bank approval)	Type "A" Signatures	Type "B" Signatures	
Corporate Authority	By signing this Banking Signature Registry , We authorize StateTrust International Bank & Trust, LLC. ("STIBT") to accept instructions from any of the account signatories to open/close accounts, make fund movements, wire transfer requests and investments, apply for credit, and request other services, without our further original signature. 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. By: _____ By: _____ Name: _____ Name: _____ Title: _____ Date (MDY): _____ Title: _____ Date (MDY): _____		