



Client Data Form Statutory Deposit Accounts

Please provide all information requested in the spaces provided. If you should have any questions regarding this form, please do not hesitate to call U.S. Bank Institutional Trust & Custody Group at 877-877-2143, select appropriate option.

Date:		U.S. Bank Account Number:	
Account Name		Taxpayer ID	
Address 1		State of Domicile	
Address 2		NAIC #	
Address 3		NAIC Group #	
City, State, Zip		Minimum Account Balance	
ACCOUNT CONTACT INFORMATION:			
This individual will receive checks, statements, corporate actions and notices from U.S. Bank.			
Contact Name			
Title		Fax Number	
E-Mail Address		Telephone Number	
INCOME DISTRIBUTION INSTRUCTIONS:			
<input type="checkbox"/> Check		<input type="checkbox"/> Transfer to Custody account at U.S. Bank IT&C Account # _____	
<input type="checkbox"/> ACH <input type="checkbox"/> Checking <input type="checkbox"/> Savings BANK _____ ABA# _____ AC# _____		<input type="checkbox"/> Wire BANK _____ ABA# _____ AC# _____ FFC _____	



FEE INVOICE:	
Attention	
Address	
City, State, Zip	

EFFECTIVE FEBRUARY 12, 2018, SEE ADDITIONAL ATTACHMENT TO UPDATE AUTHORIZED SIGNERS ON THIS ACCOUNT.

Signature of Company Authorized Official

Name: _____

Title: _____ DATE: _____