

# UBM Direct Savings - Trust Account Application

(Application may be completed on your screen and Printed. \* indicates required field.)

<input type="text"/>	<input type="text"/>
*Trust Name	* Tax ID/Social Security Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (If different than above)	*City	*State	*ZIP

How did you hear about this account?

## Trustees

<input type="text"/>	<input type="text"/>	<input type="text"/>	
* First Name	MI	* Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Home Address	*City	*State	*ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Social Security Number	* Email	* Home Telephone	* Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Drivers License Number	* State of Issue	* Expiration Date	*Signature

<input type="text"/>	<input type="text"/>	<input type="text"/>	
* First Name	MI	* Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Home Address	*City	*State	*ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Social Security Number	* Email	* Home Telephone	* Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Drivers License Number	* State of Issue	* Expiration Date	*Signature

For additional trustees, please include the required information on a separate sheet.

## IRS W-9 Certification

I understand this account will be governed by the Terms and Conditions in the account disclosure. By submitting this application, I agree to be bound by those terms and conditions. I also understand that I can close this account at any time and will receive the account balance in full, along with any interest owed, less any incurred fees or service charges.

Under penalty of perjury, I certify that the number shown on this application is the correct taxpayer identification number for the trust named above, I am a U.S. person authorized to make this certification and that:

- The trust named above is not subject to backup withholding because it is exempt from backup withholding, it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified the trust that it is no longer subject to backup withholding.
- The trust named above is subject to backup withholding.

Signature of Trustee \_\_\_\_\_ Date: \_\_\_\_\_

**Checking Account Information**

For future online transfers from your UBM Direct Savings, you need a checking account to link to. With this account, you will be able to make transfers to and from your UBM Direct Savings through Online Banking.

\*Bank Name

\*Bank Routing #

\*Bank Account #

**Initial Account Funding**

How will you initially fund this account?

- Debit my Checking Account above once my application is approved for \$\_\_\_\_\_.
  
- I will send a wire once my application is approved. Ultima Bank Minnesota will contact you with specific wiring instructions.

**Automatic Savings Program**

Complete below if you desire to set up automatic transfers from your checking account referenced above to your UBM Direct Savings account.

\*Frequency

\*Start Date (mm/dd/yyyy)

\*Recurring Amount

***Please print your completed application and mail it along with copies of the required documents listed below to Ultima Bank Minnesota, PO Box 299, Fosston, MN 56542 or fax to (218) 435-2266***

**Required Documents**

(Not required for current Ultima Bank Minnesota business customers if we already have the documents on file)

**Trust**

- Trust Agreement- first and last page plus pages outlining trustees and successor trustees
- Proof of Tax ID number- Department of Treasury/IRS Assignment of TIN or EIN or first and last page of last year's tax return.