

Trust Account Opening Form

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPEING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account. Identity verification also helps to protect you and us from identity fraud.

What this means for you: When you open an Account, we will ask you and persons associated with your account for your name, address, date of birth, and other information that will allows us to identify you. We will ask to see your driver's license or other identifying documents.

Note: All information on this first page is required prior to opening a trust account. An account cannot be opened without it. Please fill in all fields. The remainder of this form must be filled out and submitted to Peak Trust Company within 15 days of account opening.

Name of Trust: _____

Name of Grantor # 1: _____ Date of Birth: _____

Physical Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Country: _____ Zip: _____

Telephone #: _____ Email: _____

Social Security #: _____ Is Grantor a U.S. Citizen? Yes No

Note: If Grantor is not a U.S. Citizen, Please attach a legible copy of the Grantor's Passport.

Name of Grantor # 2: _____ Date of Birth: _____

Physical Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Country: _____ Zip: _____

Telephone #: _____ Email: _____

Social Security #: _____ Is Grantor a U.S. Citizen? Yes No

Note: If Grantor is not a U.S. Citizen, Please attach a legible copy of the Grantor's Passport

Name of Attorney: _____
 Name of Firm: _____
 Address: _____
 Telephone: _____ Fax: _____
 Email: _____

Tax Reporting Information:

If a Grantor Trust, will the Grantor's Social Security Number be used or a separate Tax ID Number? _____

Note: If the Grantor's SSN is to be used please attach a completed W9 Form, signed by the Grantor.

If not a Grantor Trust or a Grantor Trust using a separate TIN, will Peak Trust Company be responsible for applying for a TIN? Yes No

If the trust will use a separate TIN and the number has already been applied for, please provide the TIN: _____

Note: If a party other than Peak Trust Company is applying for the TIN, and the TIN has not been obtained yet, then a copy of the application for the TIN MUST be attached to this form. An Account cannot be opened without a copy of such application. The TIN must be assigned and submitted to Peak Trust Company within 30 days of opening the account.

Is this Trust Irrevocable?

Yes No If Yes, where is the provision for revocation/irrevocability contained? Page # _____

If the Trust is Irrevocable, is it structured to be a "Grantor Trust" for income tax purposes?

Yes No If Yes, which provision(s) of the trust make it a Grantor Trust? Page # _____

If No, is it a simple or complex Trust for tax purposes? _____

Note: CPA information is required within 30 days of account opening or an Alaska Based CPA will be designated. You hereby agree to keep PTC informed of ALL CPA information.

Please provide firm/individual whom the Grantor wishes to prepare the trust's income tax returns:

Name: _____
 Name of Firm: _____
 Address: _____
 Telephone: _____ Fax: _____
 Email: _____

Are Transfers to the trust intended to be completed gifts for federal gift tax purposes?

Yes No

Is it expected that the trust will be includible in the Grantor's estate for federal estate tax purposes?

Yes No

Is the Grantor entitled or eligible to receive distributions from the trust?

Yes No

If Yes, where is this provision contained in the trust? Page/Article # _____

Do different trustees have different roles under the trust agreement?

Yes No

If Yes, who holds each responsibility?

Administrative _____

Investment _____

Independent _____

If Peak Trust Company does not have primary Investment responsibility, will Peak Trust Company custody the trust assets?

Yes No

If No, who will custody the assets? _____

Unless requested otherwise, Peak Trust Company will Show the location of custody on its trust account statements if information is supplied. If the assets are held at a brokerage firm, then name of the brokerage firm and account number will be shown.

Does the trust contain requirement that Alaska trustee perform the functions described in A.S. 13.36.035?

Yes No

If yes, where is this provision contained? Page/Article # _____

Is Peak Trust Company required to send out notices to beneficiaries of Crummey Powers of withdrawal?

Yes No

If yes, where is this provision contained? Page/Article # _____

Is this trust intended to be perpetual under Alaska Law?

Yes No

If yes, where is this provision contained? Page/Article # _____

Which of the following best describes the trust? (Check one or more as applicable)

- Alaska Community Property Trust
- Charitable Remainder Trust
- Charitable Lead Trust
- BDIT – Beneficiary Defective Irrevocable Trust
- ILIT – Irrevocable Life Insurance Trust
- Gift Tax Exemption Trust
- Generation – Skipping Exempt Trust
- Generation – Skipping Non – Exempt Trust
- Asset Protection Trust
- (Qualified) Personal Residence Trust
- Grantor Retained Annuity Trust or Unitrust
- Revocable Trust
- Other (Please Describe): _____

Has the Grantor been advised that, under current Alaska Law, Peak Trust Company is required to:

Register the trust with the Probate Division of the Alaska Court System under A.S. 13.36.005, 13.36.010, 13.36.015, 13.36.020, and 13.36.025. Note: This registration claims the jurisdiction of the trust and further strengthens the connection to Alaska.

Yes No

Inform all current beneficiaries, in writing, within 30 days after acceptance of the trust, of the existence of the trust and provide certain information if requested. See A.S. 13.36.080. Note: Peak Trust Company (PTC) has interpreted this statute to apply only to beneficiaries who are receiving distributions. PTC will only notify the beneficiaries who receive distributions, unless directed otherwise. Nonetheless, we recommend that the trust agreement state that the trustee is not to notify beneficiaries unless they are receiving distributions.

Yes No

Assets of the trust will consist primarily of:

- | | |
|---|-----------------------|
| <input type="checkbox"/> Family Limited Partnership/LLC | Estimated Value _____ |
| <input type="checkbox"/> Sub – Chapter “S” Stock | Estimated Value _____ |
| <input type="checkbox"/> Real Estate | Estimated Value _____ |
| <input type="checkbox"/> Marketable Securities | Estimated Value _____ |
| <input type="checkbox"/> Other (Please Describe) | Estimated Value _____ |

Approximate total value of trust _____

PEAK TRUST COMPANY DOES NOT MAKE GST ALLOCATION UNLESS WE ARE SPECIFICALLY REQUESTED TO DO SO IN WRITING AND HAVE BEEN GIVEN THE NECESSARY TAX INFORMATION.

Please choose the frequency of account statements:

- Annually Semi-Annually Quarterly Monthly

Would you like to establish an online profile for the trust account?

Yes No If yes, what is the primary users email address: _____

ATC has the ability to issue statements through an established online profile or send paper statements, please choose the following statement type:

- Electronic Statements Paper Statements Electronic AND Paper Statements

PLEASE PROVIDE THE NAME AND ADDRESS OF THE INDIVIDUAL TO RECEIVE BILLING INVOICES:

Name: _____
Address: _____
Telephone Number(s): _____
Email: _____

PERSON(S) TO RECEIVE TRUST STATEMENTS:

Name: _____
Address: _____
Telephone Number(s): _____
Email: _____
Name: _____
Address: _____
Telephone Number(s): _____
Email: _____
Name: _____
Address: _____
Telephone Number(s): _____
Email: _____

PRIMARY BENEFICIARIES:

Name: _____
Address: _____
Telephone Number(s): _____ SSN: _____ DOB: _____
Email: _____
Name: _____
Address: _____
Telephone Number(s): _____ SSN: _____ DOB: _____
Email: _____
Name: _____
Address: _____
Telephone Number(s): _____ SSN: _____ DOB: _____
Email: _____

Name: _____
Address: _____
Telephone Number(s): _____ SSN: _____ DOB: _____
Email: _____

REMAINDER BENEFICIARIES (if appropriate):

Name: _____
Address: _____
Telephone Number(s): _____ SSN: _____ DOB: _____
Email: _____

Name: _____
Address: _____
Telephone Number(s): _____ SSN: _____ DOB: _____
Email: _____

Name: _____
Address: _____
Telephone Number(s): _____ SSN: _____ DOB: _____
Email: _____