DE 1931
Commonwealth
TRUST COMPANY

Account Profile

Name of Trust:

GRANTOR 1 INFORMATION: All Grantors must sign page 13 and attach required documentation.

Type of Grantor: ◯ Individual ◯ Entity

If Grantor is an Entity, list U.S. State or Country of Incorporation/Establishment:

Title: Name:

Home Address (No P.O. Box):

Entity Tax ID Number:

SSN/TIN/ITIN

Home Telephone

Date of Birth: Month Day Year

If home telephone is unlisted, please indicate here: ◯

If Grantor is deceased, provide Date of Death:

Month Day Year

If no home telephone, please indicate here: ◯

Cell:

Place of Birth:

Home E-Mail:

All Countries of Tax Residence:

Preferred method for us to contact Grantor:

All Countries of Citizenship:

If Grantor is a U.S. Tax Resident only, provide copy of valid U.S. Driver's License.

If Grantor is Non-U.S. Citizen and/or Non-U.S. Resident, provide copies of all valid passports.

Number of years at current home address if less than five years:

Previous home address (if current address less than 5 years):

Mailing address if different from home address:

If not a US citizen, please indicate if you are a nonresident alien: ◯

If you currently have a Green card, please indicate here: ◯

Employment Status: ◯ Employed ◯ Self-Employed ◯ Retired ◯ Homemaker ◯ Student ◯ Not Employed

The date permanent resident status was granted:

Month Day Year

Current Occupation (or former occupation if currently unemployed):

If you previously had a Green card, please indicate here: ◯

The date permanent resident status was granted:

Month Day Year

The date permanent resident status ended:

Month Day Year

If you are a US resident alien, but do not currently have a Green Card, please indicate your residency status:

GRANTOR 1 INFORMATION, CONTINUED:

Work Address:

Marital Status: ◯Single ◯Married ◯Divorced ◯Widowed ◯Separated

Name of Grantor's Spouse:

Title:

Company's Name:

Telephone:

E-Mail:

Please list any companies owned by or affiliated with the Grantor and the percentage ownership interest in each company (this includes any corporation, limited liability company, or other entity that is created by the filing of a public document with a Secretary of State or similar office, a general partnership, and any similar entity formed under the laws of a foreign jurisdiction):

Is there any pending or threatened litigation against the Grantor? ◯Yes ◯No If yes, please explain:

Is the Grantor a PEP*? ◯Yes ◯No

Is the Grantor a relative or a close associate of a PEP**? ◯Yes ◯No

*A Politically Exposed Person (PEP) is defined as an individual who is or has been entrusted with a prominent public function. This definition includes Heads of State or of government, senior political party officials. It also refers to directors, deputy directors and board members, or those with equivalent functions, of international organizations.

**A relative of a Politically Exposed Person (PEP) is an individual who is related to a PEP, either directly or through marriage or similar (civil) form of partnership. Close associate is an individual who is closely connected to a PEP, either socially or professionally.

GRANTOR 2 INFORMATION: All Grantors must sign page 13 and attach required documentation.

Title: Name:

Home Address (No P.O. Box):

Entity Tax ID Number:

SSN/TIN/ITIN

Home Telephone

Date of Birth: Month Day Year

If home telephone is unlisted, please indicate here:

If Grantor is deceased, provide Date of Death:

Month Day Year

If no home telephone, please indicate here:

Cell:

Place of Birth:

Home E-Mail:

All Countries of Tax Residence:

Preferred method for us to contact Grantor:

All Countries of Citizenship:

If Grantor is a U.S. Tax Resident only, provide copy of valid U.S. Driver's License.

If Grantor is Non-U.S. Citizen and/or Non-U.S. Resident, provide copies of all valid passports.

Number of years at current home address if less than five years:

Previous home address (if current address less than 5 years):

Mailing address if different from home address:

If not a US citizen, please indicate if you are a nonresident alien:

If you currently have a Green card, please indicate here:

Employment Status: Employed Self-Employed Retired Homemaker Student Not Employed

The date permanent resident status was granted:

Month Day Year

Current Occupation (or former occupation if currently unemployed):

If you previously had a Green card, please indicate here:

The date permanent resident status granted:

Month Day Year

Work Address:

The date permanent resident status ended:

Month Day Year

Title:

Company's Name:

Telephone:

E-mail:

If you are a US resident alien, but do not currently have a Green Card, please indicate your residency status:

Marital Status: Single Married Divorced Widowed Separated

Name of Grantor's Spouse:

GRANTOR 2 INFORMATION, CONTINUED:

Please list any companies owned by or affiliated with the Grantor and the percentage ownership interest in each company (this includes any corporation, limited liability company, or other entity that is created by the filing of a public document with a Secretary of State or similar office, a general partnership, and any similar entity formed under the laws of a foreign jurisdiction):

Is there any pending or threatened litigation against the Grantor? ○ Yes ○ No If yes, please explain:

Is the Grantor a PEP*? ○ Yes ○ No

Is the Grantor a relative or a close associate of a PEP**? ○ Yes ○ No

*A Politically Exposed Person (PEP) is defined as an individual who is or has been entrusted with a prominent public function. This definition includes Heads of State or of government, senior political party officials. It also refers to directors, deputy directors and board members, or those with equivalent functions, of international organizations.

**A relative of a Politically Exposed Person (PEP) is an individual who is related to a PEP, either directly or through marriage or similar (civil) form of partnership. Close associate is an individual who is closely connected to a PEP, either socially or professionally.

TAX INFORMATION:

If Trust has an EIN, list here: _____

If Trust does not have an EIN, it is to be obtained by (select one):

- ○ Attorney
- ○ Commonwealth Trust Company
- ○ Other- please Specify:
- ○ None required- using Grantor's social security number (Only for a Grantor Trust)
- ○ None required- foreign trust

Tax Status for U.S. income tax purposes (select one):

○ US Trust ○ Foreign Trust

Who is responsible for preparing income tax returns?

- ○ Certified Public Accountant
- ○ Commonwealth Trust Company

Tax status for U.S. income tax purposes (please select one):

- ○ Grantor Trust (Income of Trust generally taxed to Grantor)
- ○ Non-Grantor Trust (Income of Trust generally taxed to Trust)

Who is responsible for Crummey notices? (select one)

- ○ Attorney
- ○ Certified Public Accountant
- ○ Commonwealth Trust Company
- ○ Other- please Specify: _____
- ○ N/A

Completed gift for U.S. gift tax purposes (select one):

○ Yes ○ No

If foreign, who will act as Trust's FATCA sponsoring entity:

☐ _____ ☐ CTC

TRUST FUNDING AND EXPECTED ACTIVITY

Objective or Purpose of the Trust (i.e. investment, tax planning, etc.): _____

Source of Funding: _____

For existing trusts, please attach a list of current assets and liabilities.

For new trusts, please indicate below the anticipated funding of trust. (This should include assets that will be deposited or held in the trust, as well as the original sources of any assets that will be transferred into the trust).

For any company owned by the trust, directly or indirectly, please indicate country of establishment and status for FATCA* and CRS.**

Name of Assets and Type of Asset	Value or Approx. Value	FATCA/CRS Status

Do you anticipate anyone other than the individual/entity establishing the trust to contribute assets to the Trust? If so, please specify (include name of individual/entity and specify the type of asset(s) and amount).

_____

Approximate number of anticipated monthly transactions (including contributions, withdrawals, wire transfers, etc.) _____

*'FATCA' means Foreign Account Compliance Act.

**"CRS" means Common Reporting Standards

CO-TRUSTEE INFORMATION: (All Co-Trustees must sign page 14 and attach required documentation.)

Title: Name:

Type of Co-Trustee: ◯ Individual ◯ Entity

Entity Tax ID Number:

If Co-Trustee is an entity, list U.S. State or Country of Incorporation/ Establishment:

Home Address (No P.O. Box):

Home Telephone:

If home telephone is unlisted, please indicate here: ◯

If no home telephone, please indicate here: ◯

Cell:

Home E-Mail:

Preferred method for us to contact Co-Trustee:

Number of years at current home address if less than 5 years:

Previous home address (if at current address less than 5 years):

SSN/TIN/ITIN

Date of Birth: Month Day Year

Place of Birth:

Relationship to Grantor:

All Countries of Tax Residence:

All Countries of Citizenship:

If Co-Trustee is a U.S. Tax Resident only, provide copy of U.S. Driver's License.

If Co-Trustee is Non-U.S. Citizen and/or Non-U.S. Resident provide copies of all valid passports.

List mailing address, if different from home address:

If not a US citizen, please indicate if you are a nonresident alien: ◯

If you currently have a Green Card, please indicate here: ◯

The date permanent resident status was granted:

Month Day Year

If you previously had a Green card, please indicate here: ◯

The date permanent resident status was granted:

Month Day Year

The date permanent resident status ended:

Month Day Year

If you are a US resident alien, but do not currently have a Green Card, please indicate your residency status:

CO-TRUSTEE INFORMATION, CONTINUED: (All Co-Trustees Must sign page 14 and attach required documentation)

CO-TRUSTEE'S WORK INFORMATION

Employment Status: ◯Employed ◯Self-Employed ◯Retired ◯Homemaker ◯Student ◯Not-Employed

Current Occupation (or former occupation if currently unemployed):

Work Address:

Title:

Company's Name:

Telephone:

E-Mail:

Is the Co-Trustee a PEP*? ◯Yes ◯No

Is the Co-Trustee a relative or a close associate of a PEP**? ◯Yes ◯No

*A Politically Exposed Person (PEP) is defined as an individual who is or has been entrusted with a prominent public function. This definition includes Heads of State or of government, senior political party officials. It also refers to directors, deputy directors and board members, or those with equivalent functions, of international organizations.

**A relative of a Politically Exposed Person (PEP) is an individual who is related to a PEP, either directly or through marriage or similar (civil) form of partnership. Close associate is an individual who is closely connected to a PEP, either socially or professionally.

CURRENT BENEFICIARIES:

Title: Name:

SSN/TIN/ITIN

Date of Birth: Month Day Year

Place of Birth:

Address:

Relationship to Grantor:

Home Telephone:

Work Telephone:

Cell:

E-Mail:

All Countries of Tax Residence:

All Countries of Citizenship:

List mailing address, if different from home address:

If not a Citizen, please indicate if beneficiary is a nonresident alien:

If beneficiary currently has a Green card, please indicate here:

The date permanent resident status was granted:

Month Day Year

If the beneficiary previously had a Green card, please indicate here:

The date permanent resident status was granted:

Month Day Year

The date permanent resident status ended:

Month Day Year

If you are a US resident alien, but do not currently have a Green Card, please indicate your residency status:

Title: Name:

SSN/TIN/ITIN

Date of Birth: Month Day Year

Place of Birth:

Address:

Relationship to Grantor:

Home Telephone:

Work Telephone:

Cell:

E-Mail:

All Countries of Tax Residence:

All Countries of Citizenship:

List mailing address, if different from home address:

If not a Citizen, please indicate if beneficiary is a nonresident alien:

If beneficiary currently has a Green card, please indicate here:

The date permanent resident status was granted:

Month Day Year

If the beneficiary previously had a Green card, please indicate here:

The date permanent resident status was granted:

Month Day Year

The date permanent resident status ended:

Month Day Year

If you are a US resident alien, but do not currently have a Green Card, please indicate your residency status:

CURRENT BENEFICIARIES, CONTINUED:

Title: Name:

SSN/TIN/ITIN

Date of Birth: Month Day Year

Place of Birth:

Address:

Relationship to Grantor:

Home Telephone:

Work Telephone:

Cell:

E-Mail:

All Countries of Tax Residence:

All Countries of Citizenship:

List mailing address, if different from home address:

If not a Citizen, please indicate if beneficiary is a nonresident alien:

If beneficiary currently has a Green card, please indicate here:

The date permanent resident status was granted:

Month Day Year

If the beneficiary previously had a Green card, please indicate here:

The date permanent resident status was granted:

Month Day Year

The date permanent resident status ended:

Month Day Year

If you are a US resident alien, but do not currently have a Green Card, please indicate your residency status:

Title: Name:

SSN/TIN/ITIN

Date of Birth: Month Day Year

Place of Birth:

Address:

Relationship to Grantor:

Home Telephone:

Work Telephone:

Cell:

E-Mail:

All Countries of Tax Residence:

All Countries of Citizenship:

List mailing address, if different from home address:

If not a Citizen, please indicate if beneficiary is a nonresident alien:

If beneficiary currently has a Green card, please indicate here:

The date permanent resident status was granted:

Month Day Year

If the beneficiary previously had a Green card, please indicate here:

The date permanent resident status was granted:

Month Day Year

The date permanent resident status ended:

Month Day Year

If you are a US resident alien, but do not currently have a Green Card, please indicate your residency status:

CURRENT BENEFICIARIES, CONTINUED:

Title: Name:

SSN/TIN/ITIN

Date of Birth: Month Day Year

Place of Birth:

Address:

Relationship to Grantor:

Home Telephone:

Work Telephone:

Cell:

E-Mail:

All Countries of Tax Residence:

All Countries of Citizenship:

List mailing address, if different from home address:

If not a Citizen, please indicate if beneficiary is a nonresident alien:

If beneficiary currently has a Green card, please indicate here:

The date permanent resident status was granted:

Month Day Year

If the beneficiary previously had a Green card, please indicate here:

The date permanent resident status was granted:

Month Day Year

The date permanent resident status ended:

Month Day Year

If you are a US resident alien, but do not currently have a Green Card, please indicate your residency status:

Title: Name:

SSN/TIN/ITIN

Date of Birth: Month Day Year

Place of Birth:

Address:

Relationship to Grantor:

Home Telephone:

Work Telephone:

Cell:

E-Mail:

All Countries of Tax Residence:

All Countries of Citizenship:

List mailing address, if different from home address:

If not a Citizen, please indicate if beneficiary is a nonresident alien:

If beneficiary currently has a Green card, please indicate here:

The date permanent resident status was granted:

Month Day Year

If the beneficiary previously had a Green card, please indicate here:

The date permanent resident status was granted:

Month Day Year

The date permanent resident status ended:

Month Day Year

If you are a US resident alien, but do not currently have a Green Card, please indicate your residency status:

INVESTMENT ADVISER RESPONSIBLE FOR DIRECTING CTC AS TO INVESTMENTS:

Title: Name:

Address:

SSN/TIN/ITIN

Date of Birth: Month Day Year

Place of Birth:

Country of Tax Residence:

List of All countries of citizenship:

Work Telephone:

Home Telephone:

Cell:

E-Mail:

Preferred method for us to contact

If not a US citizen, please indicate if the Investment Advisor is a nonresident alien here:

If the Investment Adviser is an entity, please provide in the space below the name of the individual for us to contact:

TRUST PROTECTOR:

Title: Name:

Address:

SSN/TIN/ITIN

Date of Birth: Month Day Year

Place of Birth:

Country of Tax Residence:

List of All countries of citizenship:

Work Telephone:

Home Telephone:

Cell:

E-Mail:

Preferred method for us to contact

If not a US citizen, please indicate if the Trust Protector is a nonresident alien here:

If the Trust Protector is an entity, please provide in the space below the name of the individual for us to contact:

DISTRIBUTION ADVISER:

Title: Name:

Address:

SSN/TIN/ITIN

Date of Birth: Month Day Year

Place of Birth:

Country of Tax Residence:

List of All countries of citizenship:

Work Telephone:

Home Telephone:

Cell:

E-Mail:

Preferred method for us to contact

If not a US citizen, please indicate if the Distribution Adviser is a nonresident alien here:

If the Distribution Adviser is an entity, please provide in the space below the name of the individual for us to contact:

ATTORNEY:

Name:

Address:

Firm Name:

Telephone:

E-Mail:

Fax:

ACCOUNTANT:

Name:

Address:

Firm Name:

Telephone:

E-Mail:

Fax:

TRUSTEE FEES

Payment of CTC's fees must be made prior to CTC's execution of the trust unless other fee arrangements have been made.

Fees paid by: ☐Check (attached) ☐Wire

Invoices for CTC's fees shall be sent to:

☐Grantor: ☐Home E-Mail ☐Work E-Mail ☐Home via First Class Mail ☐Work via First Class Mail

☐Other- please specify:

☐Other Individual/ Entity: Name:

Send by the following method:

☐E-Mail:

☐Fax- please specify fax number:

☐First Class Mail- please specify mailing address:

☐Other- please specify:

GRANTOR CERTIFICATIONS

I hereby certify that the information contained in the foregoing Account Profile is accurate and complete. I understand that verifications will be made in compliance with The Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001. I hereby consent to those verifications and paying the costs of those verifications. I further certify that:

- Any Security Number (SSN), Employer Identification Number (EIN), or Individual Taxpayer Identification Number (ITIN) provided for me and each beneficiary in the foregoing Account Profile is correct.

- I am not subject to backup withholding due to failure to report interest and dividend income.

- I am a U.S. person (including a U.S. resident alien), or if I am not a U.S. person, I will provide a completed W-8BEN upon request.

- I understand that if Commonwealth Trust Company (CTC) has the duty to prepare or arrange for the preparation of the Trust's income tax returns, CTC may choose to prepare such returns itself unless CTC's prior written approval of other arrangements has been obtained. Such services are not part of CTC's annual Trustee's fee and will be billed separately based upon the amount of time spent preparing such returns or arranging for the preparation of and reviewing such returns.

- If the Trust currently exists, no litigation or administrative or other proceeding is pending against the Trust or any Trustee (whether in the Trustee's individual or fiduciary capacity) in connection with the Trust, nor do I foresee any such litigation or administrative or other proceeding.

- I have received the Fiduciary Income Tax Return, Privacy, Fee and Real Property Policies of CTC.

- I understand that CTC may be required to provide information regarding the Grantor(s), Beneficiaries, and Trust fiduciaries to financial institutions where the Trust or company owned by the Trust, directly or indirectly, opens an account. I hereby consent to the provision of such information and acknowledge that such information may be reported to the tax authorities of the jurisdiction in which such account is maintained and exchanged with tax authorities of another jurisdiction pursuant to international agreements to exchange financial account information.

- I will advise CTC within 30 days of any change in circumstances which affects the tax residency status of any individual or entity identified herein or causes the information contained herein to become incorrect.

Grantor 1 Signature	Date
Grantor 2 Signature	Date

CO-TRUSTEE CERTIFICATIONS

I hereby certify that the information contained in the foregoing Account Profile is accurate and complete. I understand that verifications will be made in compliance with The Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001. I hereby consent to those verifications and paying the costs of those verifications. I further certify that:

- Any Social Security Number (SSN), Employer Identification Number (EIN), or Individual Taxpayer Identification Number (ITIN) provided for me in the foregoing Account Profile is correct.

- I understand that if Commonwealth Trust Company (CTC) has the duty to prepare or arrange for the preparation of the Trust's income tax returns, CTC may choose to prepare such returns itself unless CTC's prior written approval of other arrangements has been obtained. Such services are not part of CTC's annual Trustee's fee and will be billed separately based upon the amount of time spent preparing such returns or arranging for the preparation of and reviewing such returns.

- If the Trust currently exists, no litigation or administrative or other proceeding is pending against the Trust or any Trustee (whether in the Trustee's individual or fiduciary capacity) in connection with the Trust, nor do I foresee any such litigation or administrative or other proceeding.

- I have received the Fiduciary Income Tax Return, Privacy, Fee and Real Property Policies of CTC.

- I understand that CTC may be required to provide information regarding the Grantor(s), Beneficiaries, and Trust fiduciaries to financial institutions where the Trust or company owned by the Trust, directly or indirectly, opens an account. I hereby consent to the provision of such information and acknowledge that such information may be reported to the tax authorities of the jurisdiction in which such account is maintained and exchanged with tax authorities of the jurisdiction in which pursuant to international agreements to exchange financial account information.

- I will advise CTC within 30 days of any change in circumstances which affects the tax residency status of any individual or entity identified herein or causes the information contained herein to become incorrect.

_____ _____

Co-Trustee's Signature Date