



Dear Client:

Thank you for choosing Commonwealth Trust Company ("Commonwealth") to serve as your trustee. Below is a checklist which outlines the documentation to be completed and/or provided prior to Commonwealth executing your trust(s) ("Client Packet"):

**ACCOUNT PROFILE.** The attached account profile must be signed by the grantor(s) and any co-trustees. This profile requests: basic information pertaining to the trust, vital statistics and contact information about the grantor(s), co-trustee(s), beneficiaries, co-fiduciaries and/or advisors. Commonwealth requires that the trust have a co-trustee or Investment Adviser named in the Trust document to direct Commonwealth as to all investment decisions; however, the use of a Distribution Adviser, Trust Protector, or other Adviser is optional and you should consult with your trusts and estates attorney to determine whether or not the inclusion of one or more Advisers would be beneficial to your planning.

**PROXY LETTER.** The attached letter directs Commonwealth not to forward annual statements or proxy notices it receives to the individual responsible for investments under your trust agreement. This letter must be signed by the individual responsible for the investment decisions pertaining to the trust, typically the Investment Adviser.

**COMPLIANCE MATERIALS.** The Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001 requires us to collect certain information, including but not limited to, your name, address, date of birth and other information that will allow Commonwealth to identify you, and run security and identity verification checks on each grantor and co-trustee. In that regard, please provide the following items:

**A copy of the grantor/co-trustee's drivers' license or current passport listing the address as reported on the attached Account Profile; and**

**A brief biography which provides Commonwealth with information about the personal and business history and source of wealth of the grantor(s). See Sample attached hereto.**

**FATCA/CRS REPORTING.** The Foreign Account Tax Compliance Act ("FATCA") and the Common Reporting Standard ("CRS") are international automatic exchange of financial account information initiatives aimed at addressing perceived tax avoidance resulting from the use of foreign accounts and related structures. Under both initiatives, financial institutions, such as Commonwealth, are required to gather due diligence on tax residence of grantor(s), beneficiaries, co-trustee(s), and other fiduciaries. Reporting, if required, is generally done by Commonwealth to the US Internal Revenue Service (IRS). The US has certain agreements and procedures in place with other countries that may result in reported information being shared with the relevant tax authorities in those countries. Commonwealth may also be required to provide information to financial institutions where the trust, or an underlying company owned by the trust, has an account. Depending on where that other financial institution is located, the information provided may be reported to the local tax authorities and be exchanged with the country of tax residence. The attached account profile collects information regarding tax residence. You are encouraged to contact your tax or legal advisor if you have any questions regarding where you are tax resident or concerns regarding your personal tax compliance.

Should you have any questions or require assistance completing the Client Packet, please contact your assigned Trust Administrator.

Lastly, but most importantly, thank you for retaining Commonwealth for your trust administration needs.

Sincerely,

COMMONWEALTH TRUST COMPANY

Rev. 07-20-18

## 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:

If no home telephone, please indicate here:

Month  Day  Year

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:

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:

Employment Status:  Employed  Self-Employed  Retired

Homemaker  Student  Not Employed

Current Occupation (or former occupation if currently unemployed):

**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):

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 Grantor:

*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):

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:

Entity Tax ID Number:

SSN/TIN/ITIN

Date of Birth: Month  Day  Year

If Grantor is deceased, provide Date of Death:

Month  Day  Year

Place of Birth:

All Countries of

Tax Residence:

All Countries of

Citizenship:

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 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:

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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:

Work Telephone:

Country of Tax

Home Telephone:

Residence:

Cell:

List of All countries of citizenship:

E-Mail:

Preferred method for us to contact

If not a US citizen, please indicate if the  
Investment Adviser 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:

Work Telephone:

Country of Tax

Home Telephone:

Residence:

Cell:

List of All countries of citizenship:

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:

Work Telephone:

Country of Tax

Home Telephone:

Residence:

Cell:

List of All countries of citizenship:

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

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Date

---

Grantor 2 Signature

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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.

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Co-Trustee's Signature

---

Date



## Biography

**INSTRUCTIONS:** A brief biography should be completed by each individual who is establishing the trust or contributing funds to the trust, as well as any co-Trustees. The biography should address the following points:

- Place of birth, current residence, and other citizenship information
- Relevant family history, including family members
- Educational background
- Employment history, including current occupation/industry
- Source of wealth (please state explicitly how your wealth was acquired and the source of that wealth)
- Source of funding for the trust (please be as specific as possible)
  - If source of funding is an inheritance or a gift from another person, indicate who the inheritance or gift was from and how the deceased person or donor of the gift originally acquired his or her wealth
  - If source of funding is from investments, briefly describe the types of investments
  - If the trust will be holding an entity (ies), list each entity and its primary business purpose, including a diagram if the entity structure is layered or complex
  - If cash will be put into the trust, specify how the cash was acquired
- Any additional individuals or entities who may be contributing to the trust
- Ownership interests in any entities that are expected to contribute to the trust
- Primary purpose of the trust (i.e. is it a business trust, is it primarily for wealth management, etc.)
- Expected trust activity (i.e. will there be frequent wire transfers, will there be regular monthly distributions, or will the trust primarily remain dormant)

### SAMPLE:

#### John Doe Biography

Mr. John Doe was born in Philadelphia, PA on January 1, 1964. He graduated with a BA in English from Haverford College in Haverford, PA in May 1986.

After college he went to work for Kraft Foods Corporation in Sales/Marketing in Philadelphia and New York. In 1991, he left and went to work on the floor of the New York Stock Exchange for Prestige Securities (his family's trading firm). In 1995 he moved to Maine and established an investment advisory firm, Mill Pond Advisors.

John married Jane Smith of Otisville, NY, on June 27, 1988. John and Jane Doe had their first son, Scott, on September 15, 1994 in New York City. On September 4, 1995 the Doe's purchased their home in Belfast, ME and then on April 17, 1997 had their second son, Jason.

John is very active with several non-profit organizations. He has served as Vice President for Florence Foster Jenkins Music Center in Belfast, and holds board memberships for the Penobscot Bay Foundation in Rockland, ME, and the Crime Prevention Association of Bucksport.

John's trust that will be funded with occupational earnings from his investment advisory firm and related investments, as well as an inheritance from his parents, Jim and Jean Doe, who acquired their wealth from ownership of the above-mentioned trading firm. The trust will be used to hold assets on behalf of John's beneficiaries, Scott and Jason. Occasionally distributions will be made from the trust to the beneficiaries for support and maintenance.





Cynthia D.M. Brown, President  
Commonwealth Trust Company  
29 Bancroft Mills Road  
Wilmington, Delaware 19806

**SUBJECT: \_\_\_\_\_ TRUST**

Dear Ms. Brown:

As Investment Advisor [or co-trustee responsible for investments], I am aware that Commonwealth Trust Company has no responsibility for investments for the above-referenced trust. I hereby state that Commonwealth Trust Company should not forward to my attention copies of any materials sent by companies, in which the above-referenced trust holds an interest, including but not limited to: proxies, prospectuses, quarterly reports, semi-annual, annual reports, privacy notices, notices regarding election of directors, or any other information regarding the investments.

I will ensure that I will receive information I deem relevant directly from the companies in which the trust holds investments. I will advise you in writing in the event that voting or any other action must be taken.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Investment Advisor/Co-Trustee responsible for investments



## Commonwealth Trust Company Policies

### **PRIVACY POLICY.**

This policy covers Client Information, which means personally identifiable information about a consumer or a consumer's current or former relationship with Commonwealth Trust Company ("Commonwealth"). Keeping financial information secure is one of our most important responsibilities. Protecting the privacy of our clients, including Grantors, their beneficiaries and trusts and their personal account information is the highest priority at Commonwealth. We maintain physical, electronic and procedural safeguards to protect Client Information. As a result, under no circumstances will Commonwealth sell, share or otherwise provide your Client information to any non-affiliated third party entity, except as set forth in this policy. In order to maintain and service client accounts, Commonwealth will gather and store information about our clients and the trusts they establish. This information, collected via our account profile and other account documentation, is critical to open and administer trust accounts. In addition to this collected information, transactions facilitated for your account through Commonwealth will be kept for reporting purposes and pursuant to out regulatory requirements. To provide superior service to our clients, it may be necessary for Commonwealth to share information with third parties that provide services to trusts and that may be currently involved in a contractual relationship with Commonwealth or, in the case of your trust's custodian and/or investment advisor, may have a relationship with the trust under the terms of its governing instrument or under arrangements made by a Co-Trustee Investment Advisor or other fiduciary. This sharing of Client Information is carried out on a strictly professional basis and is incidental to servicing your account. Through the normal course of servicing your account, certain agents and employees may have access to your confidential account information. This may include operations and support personnel. Access to this information is limited and held in the strictest confidence. Employees are authorized to access Client Information only when they have a reasonable business need for the information. Our employees are required to give confidential treatment to Client Information and are subject to disciplinary action if they fail to do so. Information about former clients, who do not currently maintain an account relationship with Commonwealth, is not shared with any outside party. Due to the relationships that Commonwealth has with financial institutions that provide investment services to the trusts we administer, sharing of information with these financial institutions is critical to serving your account. Allowing this sharing process to continue uninterrupted will allow you to take full advantage of the value offered by the relationship between your trust's investment advisor and Commonwealth. We may also share Client Information when required or permitted by law. For example, Client Information may be disclosed in connection with a subpoena or similar legal process. We may also share any Client Information outside of Commonwealth if we have your consent, such as when we respond to the service requests. If you would like more information about Commonwealth's Privacy Policy, please notify us in writing at the below address or email.



## Commonwealth Trust Company Policies (Continued)

### **FEE POLICY.**

In addition to the foregoing, CTC requires that fees be paid on or before the date that the trust documentation is executed by CTC. If you would like to wire these funds rather than remit payment by check, your assigned Trust Administrator assigned to your trust can provide the appropriate wiring instructions.

### **FIDUCIARY INCOME TAX RETURNS POLICY.**

CTC's duties under most trust agreements (or Delaware law) typically include the preparation (or arrangement for the preparation) of the trust's income tax returns. As such, unless prior arrangements are made with CTC for your CPA to prepare the relevant fiduciary filings, CTC will do so.

### **REAL PROPERTY POLICY.**

Due to jurisdictional issues, CTC: (i) cannot accept contributions of real property directly to a trust, and (ii) will not serve as Trustee of a trust that acquires direct ownership of real property. Real property must be owned by a closely-held entity (such as an LLC or Limited partnership), and the interests in that entity may be contributed or assigned to the Trust.