

Customer Agreement

Trust



Trust Information

Please enter the full name of your trust below.

Trust name:

Primary Contact

Please enter the details of the 'Primary Contact'. This individual is responsible for the OFX account.

Full name:

Date of Birth:

Telephone:

Email:

Residential address:

City:

State:

Zip code:

Social Security Number:

Trustees

Please identify all trustees, as listed on your Trust Deed. You will need to provide a copy of a **government-issued photo ID** for each trustee listed below.

Name: D.O.B: Residential address: City: State: Zip code:

Name:	D.O.B:	Residential address:	City:	State:	Zip code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Certification and Agreement

My signature acknowledges my review and acceptance of the terms and conditions set forth in the [User Agreement](#). By signing below, I hereby certify that I am duly authorized to enter into this agreement on behalf of the entity named in this application. Under penalty of perjury, I certify that the information provided on this form is true, correct and complete.

'Primary Contact':

Date:

'Primary Contact' signature: