

**TRUSTEE CERTIFICATION FOR BANK ACCOUNTS  
AND SAFE DEPOSIT BOXES ONLY – CALIFORNIA ONLY**

***Bank of the West ("Bank") does not open accounts and/or safe deposit box(es) that require Co-Trustees to act together. If there is anything about this form that you do not understand, you should ask an attorney to explain it to you.***

Trust Name (and the manner in which trust assets are to be held); Date of Trust.<sup>1</sup> (e.g., John and Mary Smith Family Trust  
Declaration of Trust dated 1/1/03):

\_\_\_\_\_

(hereinafter the "Trust" or "Trust Agreement." The undersigned trustee(s) (hereinafter "Trustee") of the above-referenced Trust, and the undersigned as an individual, hereby certify to Bank that (a) the Trust exists; (b) its assets are to be held as stated above; and (c) the following is true and correct:

1. **Settlor(s) [Trustor(s), Grantor(s)].** The name(s) of the Settlor(s) of the Trust is/are:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

2. **Trustee(s).** The name(s) of the currently acting Trustee(s) is/are:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**Successor Trustee(s).** The name(s) of the Successor Trustee(s) is/are, in the following order; [If none named, describe the method for choosing successor trustee(s)]: \_\_\_\_\_

3. **Number of Trustees.**

- A.  I am the current and sole Trustee of the Trust, and the Trust is in full force and has not been revoked, modified or amended in any manner which would cause the representations herein to be incorrect.
- B.  We are the current and all of the Co-Trustees of the Trust, and the Trust is in full force and has not been revoked, modified or amended in any manner which would cause the representations herein to be incorrect. The Trust Agreement provides that \_\_\_\_\_ of \_\_\_\_\_ Co-Trustees is/are the minimum number of Trustees required to sign to bind the Trust, to open Bank accounts, deposit funds, sign checks drawn upon such account(s) and withdraw funds from such Bank accounts established for the Trust. **Note: If not filled in, ANY ONE of the Trustees may act alone on behalf of the Trust to bind it and exercise the trustee's powers.**

(continued)

<sup>1</sup> For Testamentary Trusts, include the date of death of the decedent.

4. **Revocable; Amendable.**

A.  **Revocable; Amendable.** The Trust is a revocable and amendable trust. The power to revoke and/or amend is held by the Settlor(s) named below who is/are still living as of the date of this Certification.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

B.  **Irrevocable.** The Trust is an irrevocable trust.

5. **Authorization.** As Trustee, I/we have all the powers granted to trustees under applicable law, including, without limitation, the authority and power to:

A.  Open and close Bank account(s) on behalf of the Trust, deposit funds into, sign checks drawn upon, and withdraw funds from such Bank account(s) established for the Trust.

B.  Open and close safe deposit box(es) on behalf of the Trust, enter into rental agreements for, deposit Trust property into, and withdraw Trust property from such safe deposit box(es) established for the Trust.

C. The restrictions, if any, imposed on the Trustee in conducting banking transactions are as follows (if left blank, Bank may rely on there being no restrictions on the Trustee's powers): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. **Co-Trustees.** If this Certification is signed by Co-Trustees, each Trustee certifies for himself or herself and not for the other(s). References to the singular include the plural.

7. **Tax Identification Number.** The tax identification number of the Trust is \_\_\_\_\_, which is the [ ] Social Security Number of \_\_\_\_\_; [ ] Employer Identification Number.

8. **Indemnity.** In consideration for Bank's honoring this Trustee Certification, the undersigned agrees to indemnify Bank and hold Bank harmless against all liability, loss, costs, damages or expenses, including attorneys fees, which Bank may incur by reason of its honoring and relying on this Trustee Certification.

9. **Governing Law.** The Trust was established in and is subject to the laws of the State of \_\_\_\_\_.

10. **Amendment of Revocable Trust.** If the Trust is revocable and if the Trustee is the Settlor, (a) The undersigned persons signing as Trustee are all of the Settlers of the Trust; and (b) Each Settlor hereby amends the Trust to the extent necessary to make the Trust consistent with the provisions of this Certification and each Settlor authorizes the Trustee to act in accordance with such provisions. This amendment is effective to change the provisions of the Trust only with respect to any account, product, or service between the Bank and the Trustee(s).

**Notice.** The Amendment provided in this Trust Certification may have legal and/or tax consequences. Although required by the Bank as a condition of obtaining the requested services, Bank urges each Trustee/Settlor to discuss this amendment with Settlor's attorney or tax advisor before signing.

(continued)

I declare under penalty of perjury under the laws of the State of \_\_\_\_\_ that (a) the foregoing is true and correct, (b) the Trust has not been revoked or amended to make any representations contained in this Certification incorrect and (c) the signatures below are those of all the currently acting Trustees.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Trustee: \_\_\_\_\_  
*Signature*

Trustee: \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Type or Print Name*

\_\_\_\_\_  
*Type or Print Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, ZIP Code*

\_\_\_\_\_  
*City, State, ZIP Code*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Trustee: \_\_\_\_\_  
*Signature*

Trustee: \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Type or Print Name*

\_\_\_\_\_  
*Type or Print Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, ZIP Code*

\_\_\_\_\_  
*City, State, ZIP Code*

**ALL SIGNATURES MUST BE NOTARIZED**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_

personally appeared \_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

**WITNESS** my hand and official seal.

\_\_\_\_\_  
*(Signature of Notary)*

(Seal)

Business Customer Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Please complete the information below in order for us to update your account. The information provided will help us better serve you when contacting us via phone, web service channels, or in person. If you have any questions, please contact your local branch or our Contact Center at (800) 488-2265.

If multiple signers are on the account(s), each signer must complete a separate form.

**Note: Information for ALL fields is required.**

AUTHORIZED SIGNER	
Name: <i>Mother's Maiden Name</i>	
Street Address (Personal):	
City, State, Zip (Personal):	
Date of Birth:	Social Security #:
Home Phone:	Work Phone:
Mobile Phone:	
Primary Email Address:	
Position in Company (E.g. CEO, President, Office Manager):	
IDENTIFICATION	
ID Type:	
Issuer:	
Serial or ID Number:	
Issue Date:	Expiration Date:
ACCOUNTS	
Please provide one or more account numbers in which you are a signer:	
Account Number:	Account Number:
Account Number:	Account Number:
Account Number:	Account Number:

*Note: If you have additional accounts, please make note on a separate piece of paper.*

I certify the information I have provided above is correct and true to the best of my knowledge.

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
*Print Name* *Signature* *Date*

To ensure the confidentiality of the information you are providing, please return the completed form in person, fax, or by mail. **For your security, please do not email the completed form to the Bank.**

BANK INFORMATION TO RETURN FORM	
Name:	
Phone:	Fax:
Bank Address:	