

INSTRUCTIONS FOR OPENING A TAXABLE ACCOUNT

Complete all REQUIRED and applicable OPTIONAL items, type or print legibly.

Note: Mainstar Trust will not setup new accounts if required information is not provided.

Review the Taxable Account Agreement including Disclosures. Required

Pay: Setup Fee \$25.00 & \$150.00 Annual Account Fee – Check payable to Mainstar Trust Required

Note: Fees are not pro-rated

Complete and return the Taxable Account Application (2 pages). Required

Section 1 Account Ownership Required

Section 2a Accountholder/Trust Information, 2b Joint Accountholder Information, 2c Trust Verification

Name & Address	Required	Home Phone Number	Optional
Social Security Number	Required	Daytime Phone Number	Required
Date of Birth	Required	Fax Number	Optional
E-Mail Address (for electronic statements)	Required		
Trust Verification – complete for Trust	Required		

A physical address (not PO Box) is required to open an account. If a different address is to be used for mailings, please attach the mailing address on a separate sheet of paper.

Section 3 Statement Option

Check the frequency of statement that you wish to receive. If no box is checked, statement will be quarterly electronic. An email address is **required** for electronic statement delivery. An annual paper statement will be sent if the email address is incorrect or invalid.

Section 4 Invoice Option

Check the billing option you prefer. If no option is marked, your account will be charged.

Section 5 Transfer on Death

Name & Address	Required	Date of Birth	Required
Social Security Number	Required	Relationship	Required
Primary	Required	Share %	Required

(Enter in % form, must total 100%)

Section 6 Designation of Representative – (Complete ONLY if designating a Representative)

The Accountholder marks if additional authority is granted to the representative.
Representative signs form acknowledging the authorization given by the accountholder.

Representative Name & Address	Required
Broker Dealer Name	Optional
Representative Phone Number	Required
Representative Fax Number	Optional
Representative E-Mail Address	Required
Representative Signature	Required

Section 7 Signatures

If individual ownership- Accountholder must sign	Required
If joint ownership – both Accountholder and Joint Accountholder must sign	Required
If Trust ownership – Trustee(s) must sign	Required

Customer Identification Program

Mainstar Trust must verify the identity of all new accountholders and we may contact the accountholder directly to verify information such as name, address, date of birth, and social security number.

Please return all forms to Mainstar Trust via email (customerservice@mainstartrust.com), fax (913-901-4190) or mail to address on application.