



# Minor Trust Account Information

**NOTE: A true and accurate photocopy of any information received from the financial institution confirming the creation of the minor's trust account should be attached.**

## Minor's Information

Minor's Full Legal Name \_\_\_\_\_  
*First Middle Last*

Minor's Social Security Number \_\_\_\_\_

Minor's Date of Birth \_\_\_\_\_  
*Month Day Year*

Full Name of Trustee \_\_\_\_\_  
*First Middle Last*

## Financial Institution

Exact Name(s) on Account \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Address of Financial Institution \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City State Zip*

Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Name of Representative \_\_\_\_\_ Phone \_\_\_\_\_

## Person Completing This Form

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

*I declare under penalty of perjury that the above information is true and correct.*

Signature \_\_\_\_\_

**Spotlight Business Affairs (part of Extreme Reach, Inc.)**

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