



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, Inc.

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