

## Trust Account Supplemental Information Record

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### Account information

Trust account name (e.g. *William Doggan trust, the Doggan Family trust*)

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Account number

Transit number

Branch address

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### Trustee/Co-Trustee information

Name

Address

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Name

Address

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Name

Address

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### Beneficiary information *(Gov. issued ID & # is a passport, birth certificate, driver's license, Ont. ID Card)*

Name

Address

SIN

Gov. issued ID # and type

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Name

Address

SIN

Gov. issued ID # and type

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Name

Address

SIN

Gov. issued ID # and type

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Name

Address

SIN

Gov. issued ID # and type

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This information and the documents attached is intended for the regulatory department of the Financial institution

This information must be provided so eligible trust deposits with multiple beneficiaries receive proper deposit insurance coverage. The trustee, as depositor, must ensure that the financial institution is given accurate and up to date information on the beneficiaries. In the case of multiple beneficiaries the trustee must confirm this information each year by contacting the financial institution.

*All trustees must sign below*

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Date

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Signature

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Date

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Signature

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Date

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Signature

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Date

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Signature