



North Carolina Department of Insurance
 Agent Services
 Collateral Deposit Accounts

Client Data Information Form

Please provide all information requested in the spaces provided. If you should have any questions regarding this form, please do not hesitate to call U.S. Bank Institutional Trust & Custody Group@ at 877-877-2143, option 1.

DATE:

US BANK ACCT #:

Account Name		Social Security #	
Address 1		State of Domicile	
Address 2		Minimum Deposit	
Address 3		Birthday	
City, State, Zip			

ACCOUNT CONTACT INFORMATION: *for all invoices, income, statements and mail from U.S. Bank*

Contact Name:

Contact Phone:

Contact Fax:

Contact E-Mail:

QUARTERLY INCOME DISTRIBUTION METHOD

(Please select method desired below)

- Transfer Income to Principal -(Income will be transferred from Inc to Prin quarterly)
- Physical check (Mailed to address above)no charge
- Wire (wire fee \$25)
- ACH payment (only regular checking or savings)

Complete block to the right for WIRES & ACH'S

Wire Instructions (need to complete 1,2,3,4)

ACH Direct Deposit checking savings
 (need to complete 1,2,3)

- 1. Bank:**
- 2. ABA#:**
- 3. AC#:**
- 4. FFC#**

AUTHORIZED PERSONS

NAME	TITLE	SIGNATURE

The above persons, holding the offices and designations indicated, are authorized to give instructions on behalf of the company.

 Notary Public or Authorized Official

Name: _____

Title: _____ DATE: _____