

Please fill in the information below **ONLY** if you are opening an account for a minor.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. Equity Trust Company is requesting the following information from the adult/guardian opening the account because this account is being opened for a minor.

1 MINOR(S) ACCOUNT INFORMATION

For each minor account you are opening, please fill in the requested information. If you are opening more than 5 minor accounts use an additional form. **IMPORTANT:** Each minor listed below must also have a completed application

MINOR ACCOUNT #1

MINOR'S NAME ON ACCOUNT (First, Last, MI)	MINOR SOCIAL SECURITY NUMBER
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MINOR ACCOUNT #2

MINOR'S NAME ON ACCOUNT (First, Last, MI)	MINOR SOCIAL SECURITY NUMBER
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MINOR ACCOUNT #3

MINOR'S NAME ON ACCOUNT (First, Last, MI)	MINOR SOCIAL SECURITY NUMBER
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MINOR ACCOUNT #4

MINOR'S NAME ON ACCOUNT (First, Last, MI)	MINOR SOCIAL SECURITY NUMBER
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MINOR ACCOUNT #5

MINOR'S NAME ON ACCOUNT (First, Last, MI)	MINOR SOCIAL SECURITY NUMBER
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2 ADULT/GUARDIAN OPENING MINOR ACCOUNT

LEGAL NAME (First, Last, MI)			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			
HOME STREET ADDRESS (Required - No P.O. Box)			
CITY	COUNTY	STATE	ZIP CODE
MAILING ADDRESS (If different from above - P.O. Box may be used)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	COUNTRY OF CITIZENSHIP	
		<input type="checkbox"/> USA <input type="checkbox"/> Other _____	
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	MOBILE PHONE NUMBER	

3 SIGN AND DATE

Adult/Guardian's Signature _____

Date _____