



MINOR'S TRUST ACCOUNT INFORMATION SHEET

CALIFORNIA: NEW YORK:

Minor's Full Legal Name: _____
First Middle Last

Minor's Social Security Number: _____

Minor's Date of Birth: _____
Month Date Year

Full Name of Trustee: _____

FINANCIAL INSTITUTION INFORMATION:

Name of Bank: _____

Address of Bank: _____

City State Zip Code

Account Number: _____

Person Completing This Form

I declare under penalty of perjury under the laws of the state of California/New York that the information given above is true and correct.

Name: _____ Relationship: _____

Telephone Number: _____ Date: _____

Signature: _____

Note: A true and accurate photocopy of any information received from the financial institution confirming the creation of the trust account must be attached.

ACKNOWLEDGEMENT OF RECEIPT OF MINOR'S DOCUMENTS

Receipt is hereby acknowledged that the Minor's parent/legal guardian has completed, signed and provided Talent Partners with all required documents relating to the Minor's trust account.

Signature of Talent Partners Employee Certifying Receipt

Date