

TRUST ACCOUNT

NUMBER

TELL US ABOUT

YOURSELF

DATE (MMM-DD-YYY)

CLIENT'S NAME

DATA PRIVACY

CONSENT

By providing my/our personal data and signing this Form, I am giving my consent to the PBCOM Trust and Wealth Management Group and its authorized representatives to collect, use, process, dispose, and protect my personal data contained in this Form and in any related documents and forms, whether given manually or electronically, for any legitimate business purpose of PBCOM Trust and Wealth Management Group, including but not limited to profiling, data sharing, direct marketing, and commercial communications.

FIRST TRUSTOR/CLIENT:

NAME: FIRST NAME, MIDDLE NAME, LAST NAME

SIGNATURE VERIFIED

SIGNATURE VERIFIED

SIGNATURE VERIFIED

THIRD TRUSTOR/CLIENT:

NAME: FIRST NAME, MIDDLE NAME, LAST NAME

SIGNATURE VERIFIED

SIGNATURE VERIFIED

SIGNATURE VERIFIED

SECOND TRUSTOR/CLIENT:

NAME: FIRST NAME, MIDDLE NAME, LAST NAME

SIGNATURE VERIFIED

SIGNATURE VERIFIED

SIGNATURE VERIFIED

FOURTH TRUSTOR/CLIENT:

NAME: FIRST NAME, MIDDLE NAME, LAST NAME

SIGNATURE VERIFIED

SIGNATURE VERIFIED

SIGNATURE VERIFIED

PLEASE SIGN HERE