

METHOD OF SIGNING:

- Any of the person/s listed may act alone
- All of the persons listed must act together
- Any _____ of the persons listed must act together (Insert 2 or other number)

FULL NAME (S) OF ACCOUNT HOLDER (S)	DESIGNATION	SPECIMEN SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

SOCIETY USE ONLY CHECK LIST

- IDENTIFICATION: Drivers Licence / Passport #s _____
- Other form of ID _____
- Certificate of Incorporation
- Will or Probate
- Trust Deed
- Address Confirmation
- Account Number _____