



**Arizona Department of Insurance  
Statutory Deposit Account  
Client Data 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 Mr. Angel Almendarez @ U.S. Bank at 1-800-574-7230 Option 4.*

<b>DATE:</b>		<b>U.S. Bank Account Number:</b>	
Company Name		EIN (e.g. TIN)	
Address 1		State of Domicile	
Address 2		NAIC Group #	
City, State, Zip		NAIC#	

<b>ACCOUNT CONTACT INFORMATION:</b>			
This individual will receive all invoices, checks, corporate action notices, and announcements from U.S. Bank			
Contact Name			
Telephone Number		Fax Number	
E-Mail Address			

<p><b>QUARTERLY INCOME DISTRIBUTION METHOD</b> Please indicate which method you prefer →</p> <p><input type="checkbox"/> Check this block if you are changing information from current distribution method.</p>	<p><input type="checkbox"/> <b>Check</b> (to be mailed to address provided above)</p> <p><input type="checkbox"/> <b>Wire</b> Please provide wire instructions below:</p> <p><b>BANK</b> _____</p> <p><b>ABA#</b> _____</p> <p><b>AC#</b> _____</p> <p><b>FFC:</b> _____</p>
<p>We will set up the account for monthly statements retrievable via on line only. Please complete a TrustNow Essentials Access Request form for each appropriate user.</p>	

**Authorized Signatures:** The section below acts as specimen signatures of those individuals who are authorized to provide account instructions on behalf of the company. We recommend at least two individuals be listed below.

_____	_____	_____
Authorized Signature	Printed Name	Title
_____	_____	_____
Authorized Signature	Printed Name	Title
_____	_____	_____
Authorized Signature	Printed Name	Title

**Confirming authority of above signatures**