

1 Account Owner Information

NAME <i>(as it appears on account application)</i>	ENTRUST ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
EMAIL ADDRESS <i>(required)</i>	DAYTIME PHONE NUMBER	

2 Spouse Information

NAME	SOCIAL SECURITY NUMBER
EMAIL ADDRESS <i>(required; must be different from account owner's email address)</i>	DAYTIME PHONE NUMBER

3 Spousal Consent and Signature

IMPORTANT: The spouse of the account owner must provide a copy of an unexpired, photo-bearing, government-issued identification (e.g., driver license or passport). The copy must be readable.

The Spousal Consent Form is necessary only if all of the following conditions are present:

- A. The spouse is not the sole primary beneficiary named and;
- B. The account owner and the spouse are residents of a community property state (such as AZ, CA, ID, NV, MN, TX, WA, or WI)

I, the spouse of the account owner listed above, hereby certify that I have reviewed the designation of beneficiary(ies) information for the Entrust Account listed above and I understand that I have a legal interest in the account. I hereby acknowledge and consent to the designation of beneficiary(ies) other than, or in addition to, myself as primary beneficiary for this account. I further acknowledge that I am waiving part or all of my rights to receive benefits under this account when my spouse dies.

Spouse Signature:	DATE:
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Submission Options

SUBMIT BY FAX	SUBMIT BY EMAIL	SUBMIT BY MAIL
(510) 587-0960	newaccounts@theentrustgroup.com	The Entrust Group 555 12th Street, Suite 900 Oakland, CA 94607