

TRUE SOUTH FINANCIAL GROUP, LLC.

BMC-85 TRUST ADMINISTRATOR

P.O. BOX 1348, Greer, South Carolina 29652
Telephone: (864) 979-2435 Fax: (864) 849-9100

Choose One

- Plan #1
Plan #2
Plan #3
Plan #4

TRUSTOR INFORMATION FORM

Company Information:

Legal Name:

Show exactly as it appears in OP-I or on Broker's License

MC No: EIN No: Corp. Reg. No:
Write "Pending" if pending Write "Pending" if pending Write "N/A" if not applicable

Form of Organization: [] sole proprietorship [] partnership [] corporation [] LLC

State of Organization: County: Country:

For a U.S. Corporation or LLC give State or Territory in which organization papers are filed. For a non U.S. Corporation, or LLC give principal U.S. State or Territory in which your firm is registered to do business as a foreign organization. For a sole proprietorship or partnership give state shown on Federal Motor Carrier Safety Administration Records.

Legal Address:

Street & Number or P.O. Box City State Zip

For Corporation, or LLC give the address of the corporate (not BOC-3) registered agent, whether in the state of organization (for U.S. entities) or the principal state of registration (for foreign entities). For a sole proprietorship or partnership give the address shown on Federal Motor Carrier Safety Administration Records.

Mailing Address:

Street & Number or P.O. Box City State Zip

Physical Address:

Street & Number City State Zip

Business Number: Fax Number: Cell Number:

E-Mail Address: Bank Reference:
Name and phone number of personal banker

Current and Past MC Numbers that any Principals or Officers have been affiliated: (Write "NONE" if none)

Personal Information:

Name of Responsible Principal and/or Director: Person responsible for signing Trust Agreement

Home Address:

Street & Number or P.O. Box City State Zip

Home Number: SSN: Date of Birth: / /

The above statements are true and accurate to the best of my information and belief. In the event we have selected Plan #3 or #4 above, I hereby authorize a personal credit inquiry.

Signed: Title: Date:

*OAC Client ID Number: Additional Credit Reports \$35.00 per person Source ID:

For Office Use Only