

Estate Account Request



New Customer Data Sheet

Please print or type all information. Write on line above.

Name of the Deceased

Decedent Social Security Number

Decedent Address

The Estate's Tax ID Number (i.e., EIN)

Attorney's Name

Attorney's Identification Number and State

Attorney's Telephone Number

Attorney's Address

Number of Executors/Administrators: One Two

Executor/Administrator's Name *(if not attorney)*

Co-Executor/Co-Administrator's Name *(if applicable)*

Executor/Administrator's Telephone Number

Executor/Administrator's Mailing Address

Where should the account statements be mailed? Attorney Executor/Administrator

How long do you expect the account to be open?

Please fax this form, a copy of the Short Certificate form, and the Executor/Administrator's identification to:

Name

Fax Number

Telephone Number

If faxed between the hours of 9 a.m. and 3 p.m., you will receive a call back the same day.

If faxed after 3 p.m., you will receive a call back the following business day.

If you have any questions, please call me at the number listed above.

We look forward to working with you!