## **Grantor Supplement**



## Account Information

Account Name:	Account Type:	Accou	nt Number:		
Grantor					
First Name/ . Name of Entity  Social Security Number/EIN:  Primary Phone:		Last Name:  Date of Birth:  Email Address:			
Legal Address (No PO Boxes):  City:	State	:	Zip:		
Citizenship: U.S. Citizen or Resident Alien  Other (W-8 and Photo ID Required)					
Occupation (Select only one):  Administrative/Clerical Homemaker Public Services Unemployed	☐ Information Tech ☐	Craftsman/Skilled Worker Personal Service Provider Sales	<ul><li>☐ Education</li><li>☐ Proprietor/Professional</li><li>☐ Student</li></ul>		
Employer Name: (If retired, please list previous employer)					
<ul> <li>Yes - Are you associated with, or employed by, a stock exchange, exchange member, FINRA, or municipal securities dealer?         If yes, you must obtain and attach an approval letter from your employer or affiliated broker-dealer ("Rule 3210").</li> <li>Yes - Are you or an immediate family member a director, a 10% shareholder, or policy-making executive officer of a publicly traded company?         If yes, provide the following: Symbol</li></ul>					
Additional Grantor					
First Name/ . Name of Entity  Social Security Number/EIN:	Middle . Name/Initial	Last Name:			
Primary Phone:		Date of Birth:  Email Address:			
Legal Address (No PO Boxes):					
City:	State	:	Zip:		

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## **Continued Additional Grantor**

Citizenship: U.S. Citizen or Resident Alien Other (W-8 and Photo ID Required)				
Occupation (Select only one):  Administrative/Clerical Clergy Craftsman/Skilled Worker Education Homemaker Proprietor/Professional Public Services Retired Sales Student Unemployed Farming/Fishing/Forestry				
Employer Name: (If retired, please list previous employer)				
Yes - Are you associated with, or employed by, a stock exchange, exchange member, FINRA, or municipal securities dealer?  If yes, you must obtain and attach an approval letter from your employer or affiliated broker-dealer ("Rule 3210").				
☐ Yes - Are you or an immediate family member a director, a 10% shareholder, or policy-making executive officer of a publicly traded company?    If yes, provide the following:   Symbol   CUSIP   CU				
Yes - Are you or an immediate family member a politically exposed person (PEP)?  Additional Grantor				
First Name/ . Name of Entity				
City: State: Zip:				
Citizenship: U.S. Citizen or Resident Alien  Other ( <i>W-8 and Photo ID Required</i> )				
Occupation (Select only one):  Administrative/Clerical Clergy Craftsman/Skilled Worker Education Homemaker Information Tech Personal Service Provider Proprietor/Professional Public Services Retired Sales Student Unemployed Farming/Fishing/Forestry				
Employer Name: (If retired, please list previous employer)				
☐ Yes - Are you associated with, or employed by, a stock exchange, exchange member, FINRA, or municipal securities dealer?  If yes, you must obtain and attach an approval letter from your employer or affiliated broker-dealer ("Rule 3210").				
<ul> <li>☐ Yes - Are you or an immediate family member a director, a 10% shareholder, or policy-making executive officer of a publicly traded company?         <ul> <li>If yes, provide the following: Symbol</li> <li>CUSIP</li> </ul> </li> <li>☐ Yes - Are you or an immediate family member a politically exposed person (PEP)?</li> </ul>				

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## 5 Additional Grantor

First Name/ . Name of Entity	Middle Name/Initial	: Last Name	::		
Social Security Number/EIN:		Date of Birth:			
Primary Phone:		Email Address:			
Legal Address (No PO Boxes):	Legal Address (No PO Boxes):				
City:	S	tate:	Zip:		
Citizenship: ☐ U.S. Citizen or Resident Alien ☐ Other ( <i>W-8 and Photo ID Required</i> )					
Occupation (Select only one):					
☐ Administrative/Clerical	01	☐ Craftsman/Skilled Worker	☐ Education		
<ul><li>☐ Homemaker</li><li>☐ Public Services</li></ul>	<ul><li>☐ Information Tech</li><li>☐ Retired</li></ul>	<ul><li>☐ Personal Service Provider</li><li>☐ Sales</li></ul>	<ul><li>☐ Proprietor/Professional</li><li>☐ Student</li></ul>		
☐ Unemployed	☐ Farming/Fishing/Forestry	□ Sales	□ Student		
Employer Name: (If retired, please list previous employer)					
☐ Yes - Are you associated with, or employed by, a stock exchange, exchange member, FINRA, or municipal securities dealer?  If yes, you must obtain and attach an approval letter from your employer or affiliated broker-dealer ("Rule 3210").					
☐ Yes - Are you or an immediate far company?	☐ Yes - Are you or an immediate family member a director, a 10% shareholder, or policy-making executive officer of a publicly traded				
If yes, provide the following: Sym	bol	CUSIP			
Yes - Are you or an immediate family member a politically exposed person (PEP)?					
6 Deceased Grantor					
Name of Deceased Grantor:					
Name of Deceased Grantor:					
Name of Deceased Grantor:					
Name of Deceased Grantor:					

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