

PACIFIC FINANCIAL ASSOCIATION, INC.
% FEDERAL SERVICE CORPORATION
Trust and Claims Administrative Contractor
1606 W. Whispering Wind Dr., Phoenix, Arizona 85085
Telephone: (800) 595-2615 Fax: (623) 209-2626

Choose One

- [] Plan 1
[] Plan 2
A B
[] Plan 3
A B C

TRUSTOR INFORMATION FORM

Company Information:

Legal Name: _____
Show exactly as it appears in OP-1 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 above, I hereby authorize a personal credit inquiry.**

Signed: _____ Title: _____ Date: _____

* OAC
Client ID Number:

Additional Credit Reports \$35.00 per person
Source ID Number: 007