

| Settlement Trust Group

New Account Worksheet

Beneficiary Information

First Name:		Last Name:	
Address:			
City:	State:	ZIP:	Birth Date:
Home Phone:	Work Phone:	Cell Phone:	
Social Security #:		Email:	

Guardian/Legal Representative Information

(Must be filled out if Beneficiary is a minor or incompetent)

First Name:		Last Name:	
Address:			
City:	State:	ZIP:	Birth Date:
Home Phone:	Work Phone:	Cell Phone:	
Capacity (parent, guardian, etc.):		Email:	

Direct Deposit Instructions

Account Name:	Financial Institution Name:
Account Number:	Financial Institution Address (city,state):
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing Number:

Public Benefits Information

Are you receiving: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid		
SSI Benefit: \$	SSDI Benefit: \$	Other Income: \$

Settlement Trust Group
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