



CAPITALFIRST TRUST COMPANY

THIRD PARTY DISCLOSURE FORM

Trust Name _____

Trust Account # _____

In accordance with the Federal Privacy Act, Capital First Trust Company (CFTC) does not release your information to third parties without your written consent. Please sign below to authorize CFTC to exchange your trust account information with the third party listed below. This authorization will allow CFTC to send this individual customer statements and discuss account activity. Please note this form will not authorize this individual to request trust distributions.

ACCOUNT INFORMATION

Beneficiary _____

Address _____

Social Security # _____ Telephone # _____

Guardian _____

Address _____

Social Security # _____ Telephone # _____



Third Party _____

Address _____

Firm _____ Telephone # _____

Signature: This section must be signed by the beneficiary or guardian.

Authorized Signature

Date

Return Form To:

Capital First Trust Company
234 West Florida St. STE 400 Milwaukee, WI 53204
(P) 800-521-2359 (F) 414-347-1440
www.capitalfirsttrust.com