

ADDENDUM ADDITIONAL SIGNERS

P. O. Box 719 Canyon, TX 79015 (800) 486-6888 Fax (806) 655-2490 info@goldstartrust.com

ADDITIONAL SIGNER 1 INFORMATION	
Name (First/Mi/Last)	Social Security Number
Street Address (Physical Required)	Mailing Address (if different than Street Address)
City/State/Zip	City/State/Zip
Primary Phone	, , , , , , , , , , , , , , , , , , , ,
Secondary Phone	
CUSTOMER IDENTIFICATION REQUIRE	EMENTS: ALL ACCOUNT TYPES COMPLETE THIS SECTION
USA PATRIOT Act Notice In order to comply with the USA PATRIOT Act, we must the driver's license information; a photocopy of an unex military, veteran or similar ID; or a notarized document.	be able to identify our customer. All new accounts must provide us with either pired, photo-bearing, government-issued identification, such as a passport,
If you do not have a valid state-issued driver's license, y notarized document.	you must provide a legible photocopy of a valid government-issued photo ID or a
Additional Signer 1 Driver's License Information	
Driver's License # State Is	ssued Printed Name
Issuance Date Expiration Date	
ADDITIONAL SIGNER 2 INFORMATION	
ADDITIONAL SIGNER 2 INFORMATION	Cooled Coourity Number
Name (First/Mi/Last)	2
	Social Security Number Mailing Address (if different than Street Address)
Name (First/Mi/Last) Street Address (Physical Required)	Mailing Address (if different than Street Address)
Name (First/Mi/Last)	Mailing Address (if different than Street Address) City/State/Zip
Name (First/Mi/Last) Street Address (Physical Required) City/State/Zip	Mailing Address (if different than Street Address) City/State/Zip Date of Birth
Name (First/Mi/Last) Street Address (Physical Required) City/State/Zip Primary Phone Secondary Phone	Mailing Address (if different than Street Address) City/State/Zip Date of Birth Email Address
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