

Trust Maintenance Form



Complete this form to add or remove a Trustee from the Trust titled account(s).

Please note: You must have a formal Revocable Living Trust established. This form does not establish a Trust; it simply permits you to add or remove a Trustee from the Trust titled account(s).

Before you get started, please ensure you:

- Download our Trust Maintenance form.
- The Grantor signature is required and all signatures must be notarized.
- Complete all applicable sections of this form in entirety—ensuring handwriting is clear and legible (some sections may only need to be completed if applicable).
- Sign and complete the Certification of Taxpayer Identification Number Form W-9 (this is only needed if the Tax ID is being changed).
- Fax the document to us at 888-464-3220 or mail it to:

Capital One Bank
Attn: Bank by Mail
P.O. Box 85123
Richmond, VA 23285

Section 1: Trust information

Please fill out these fields exactly as they appear in your Trust Agreement, except where indicated.

Full Trust name (as shown on income tax return)

Grantor name

Current Trust tax ID (as shown on income tax return)

☐ SSN ☐ ITIN ☐ EIN

Trust formation date (mm/dd/yyyy)

Trust amended date (mm/dd/yyyy)

Trust street address (must be a physical address—no P.O. boxes)

City

State

ZIP

What is the primary source of wealth/assets in the Trust? (ex. personal wealth from income, inheritance, etc.)

Is the Trust primarily funded from offshore sources?

☐ Yes ☐ No

Does the Trust benefit charitable organizations, non-governmental organizations or IOLTA accounts?

☐ Yes ☐ No

Add Trustee(s)



Provide some information about your Trust's Grantor(s) and Trustee(s) being added to your existing Revocable Trust accounts. All changes must be authorized by an existing Grantor on accounts with Capital One and Trustee(s) being added.

Please note: Any Trustee who is not already an account holder will be invited to join the Trust account(s) via email. All existing account holder(s) must be above the age of 18. The maximum number of Trustees (including the Grantor) is three (3).

Section 2: Additional Trustee(s)

Trustee 1

Co-Grantor
(optional) ☐

Full name

Date of birth

(mm/dd/yyyy)

SSN or ITIN

Email Address

Full Address (Street, City, State, ZIP)

Trustee 2

Co-Grantor
(optional) ☐

Full name

Date of birth

(mm/dd/yyyy)

SSN or ITIN

Email Address

Full Address (Street, City, State, ZIP)

Remove Trustee(s)



Please note: Capital One requires at least one Trustee to be listed as the Grantor. If the sole Grantor needs to be removed, the account must be closed. To remove additional Trustees, fill out a section below for each Trustee. All changes must be authorized by an existing Grantor on accounts with Capital One.

For each Trustee that is being removed:

- Provide their name and select a reason for removal.
- Attach any supporting documentation such as a death certificate, court order, trust documents or physician notification.

Section 3: Remove Trustee

Trustee 1

Removal reason: ☐ Death ☐ Resignation ☐ Court order ☐ Other (explain)

First name

M.I.

Last name/Suffix (Jr, Sr, III, etc.)

Trustee 2

Removal reason: ☐ Death ☐ Resignation ☐ Court order ☐ Other (explain)

First name

M.I.

Last name/Suffix (Jr, Sr, III, etc.)

Is a new Taxpayer Identification Number (SSN/TIN) being used because of the removal of a Trustee? ☐ Yes ☐ No

If Yes, you must complete the Certification of Taxpayer Identification Number on page 6 of this form.

Certifications & signatures



Please review the following certifications and acknowledge them by signing below.

This Trust has not been terminated.

I further certify that I have duly qualified as Trustee(s) or successor Trustee(s) under the terms of the Trust and under applicable Law and am authorized to act on behalf of the Trust with respect to the administration of the Trust and more specifically with respect to transactions made on account(s) at Capital One.

I/We, _____, the Trustee(s), jointly and severally, indemnify and hold harmless Capital One and its affiliates,
(Grantor name)
together with their respective officers, directors, employees and agents, from any claim, loss, expense, or other liability related to effecting any Trust transactions and acting upon any instructions given by the Trustee(s). The Trustee(s) certify(ies) that any and all transactions effected and instructions given to Capital One with regard to the Trust will be in full compliance with the terms of the Trust.

*Please complete all fields in notary section

Notaries: Please attach additional documentation as necessary to meet state notarization requirements.

Grantor Full name *(please print)*

Signature of Notary Public

Grantor Signature

Notary Public full name *(please print)*

Commonwealth / State

Notary registration number

Commission expiration

City / County

Please include designation stamp here.

The foregoing instrument was SWORN TO AND SUBSCRIBED before

me on this, the day of ,
(Day) (Month) (Year)

by
(Grantor first name) (MI)

(Grantor last name) (suffix)

who personally appeared and is:

☐ personally known to me **OR** ☐ produced the following ID:

☐ State-issued driver's license ☐ Passport ☐ Military ID

☐ Other *(please specify)*

Certifications & signatures



Please complete all fields in the notary section for each additional Trustee.

***Please complete all fields in notary section**

Notaries: Please attach additional documentation as necessary to meet state notarization requirements.

Trustee 2 Full name (please print)

Trustee 2 Signature

Commonwealth / State

City / County

The foregoing instrument was SWORN TO AND SUBSCRIBED before me on this, the

 day of ,
(Day) (Month) (Year)

by

(Trustee first name)

(MI)

(Trustee last name)

(suffix)

who personally appeared and is ☐ personally known to me **OR** ☐ produced the following ID:

☐ State-issued driver's license ☐ Passport ☐ Military ID

☐ Other (please specify)

Signature of Notary Public

Notary Public full name (please print)

Notary registration number

Commission expiration

Please include designation stamp here.

***Please complete all fields in notary section**

Notaries: Please attach additional documentation as necessary to meet state notarization requirements.

Trustee 3 Full name (please print)

Trustee 3 Signature

Commonwealth / State

City / County

The foregoing instrument was SWORN TO AND SUBSCRIBED before me on this, the

 day of ,
(Day) (Month) (Year)

by

(Trustee first name)

(MI)

(Trustee last name)

(suffix)

who personally appeared and is ☐ personally known to me **OR** ☐ produced the following ID:

☐ State-issued driver's license ☐ Passport ☐ Military ID

☐ Other (please specify)

Signature of Notary Public

Notary Public full name (please print)

Notary registration number

Commission expiration

Please include designation stamp here.

Certification of Taxpayer Identification Number Form W-9



Please review the following certification and acknowledge it by signing below.
This section of the form is only necessary if the Tax ID is changing due to removal of a Trustee.

FORM W-9 TAXPAYER IDENTIFICATION NUMBER (TIN) CERTIFICATION (Not applicable for Non-Resident Aliens):

For individuals the TIN is your Social Security Number or Individual Tax Identification Number (ITIN) which should match the first name listed on the account and will be used for tax reporting purposes. For other entities, it is your Employer Identification Number.

A. SSN or ITIN:

 – –

or

Employer Identification Number:

 –

B. Certification - Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien); and
4. The FACTA code(s) entered on this form (if any) indicating that I am exempt from FACTA reporting is correct.

Backup Withholding Instructions

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to back up withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Grantor full name (*please print*)

Grantor signature

Date

Name of Trust (*as shown on income tax return*)