

# Certificate of Trust



## And Account Conversion form

Complete this form to re-title your existing Capital One account(s) in the name of a Trust.

**Please note:** You must already have a formal Revocable Living Trust established. This form does not establish a Trust; it simply permits you to transfer your funds from your name to your Trust and summarizes certain parts of your Trust.

### Before you get started, please ensure you:

- Have your Trust Agreement available for reference – you'll need information from it to complete this form
- Have one or more existing Capital One accounts (you'll need the account numbers for page 2)
- Can have all Trustees sign this form before sending it to us (all signatures will have to be notarized)
- Complete all sections of this form – we won't be able to accept it if it's incomplete
- Any address changes for the trust must be done by calling us at 800-655-BANK (2265)

### Section 1: Trust information

*Please fill out these fields exactly as they appear in your Trust Agreement.*

Full trust name

Trust tax ID (*List one only*)

SSN

ITIN

EIN

Trust formation date (*mm/dd/yyyy*)

Trust type

This is a Revocable  
Living Trust

Trust street address (*must be a physical address – no PO 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

# Accounts to re-title



Which of your existing accounts would you like to re-title in the name of your Trust?

**Please note:** You cannot re-title minor accounts or business accounts. If the overdraft protection on your checking account is Free Savings Transfer, existing overdraft protection will be removed. Prior to account conversion, any previously added beneficiaries will be removed.

Section 2: Accounts

List the full account number for each account you want to convert.

Full account number	Full account number
Full account number	Full account number
Full account number	Full account number
Full account number	Full account number
Full account number	Full account number
Full account number	Full account number
Full account number	Full account number
Full account number	Full account number

# Grantor(s) & Trustee(s)



Provide some information about your Trust's Grantor(s) and Trustee(s). Please list the Grantor's information first – they must be a Trustee in order to proceed.

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 holders must be above the age of 18 and **MUST** be listed in this section in order to convert your accounts. The maximum number of Trustees (including the Grantor) is three.

## Section 3: Grantor(s) & Trustee(s)

***The Grantor must be a Trustee – please list them first.***

**Trustee 1**  
(required)

Full name

Date of birth

is Grantor

Tax ID (SSN or ITIN)

Email Address

(mm/dd/yyyy)

Full Address (Street, City, State, ZIP)

**Trustee 2**  
(optional)

Full name

Date of birth

Co-Grantor

Tax ID (SSN or ITIN)

Email address

(mm/dd/yyyy)

Full address (Street, City, State, ZIP)

**Trustee 3**  
(optional)

Full name

Date of birth

Co-Grantor

Tax ID (SSN or ITIN)

Email address

(mm/dd/yyyy)

Full address (Street, City, State, ZIP)

# Certifications & signatures



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

This Trust has not been terminated.

Powers of Trustee (Deposit Accounts): The Trustee(s) is (are) granted the authority under the Trust to exercise general authority with respect to banks and other financial institutions. These banking powers include, but are not limited to, opening, maintaining, and closing deposit accounts, endorsing negotiable instruments, making deposits, making withdrawals, drawing checks, signing any documents regarding the account(s) and generally doing any and all acts that a bank account owner might do. Each Trustee has the power to transact on any type of bank account for the Trust independently.

There has been no amendment or modification to the Trust in any manner that would cause the representations contained in this Certificate of Trust to be incorrect or which limits the power of the Trustee(s) or Successor Trustee(s). I/We agree that if the Trust is amended in any respect that would cause this document to no longer be accurate or complete, I/we will, within (10) days of the change, execute an updated Certificate of Trust and deliver it to Capital One.

I/We hereby warrant and represent to Capital One the accuracy of all statements made in this Certificate of Trust which I/we understand Capital One will rely on in re-titling the bank account(s).

Capital One is neither required to make an inquiry respecting the actions of the Trustee(s) nor under any obligation to see the proper application of the Trust funds or proceeds. I/We understand and agree that Capital One will not be liable for administering the account(s) as provided by this Certificate of Trust even if it is contrary to the terms of the Trust Agreement.

The Trustee(s), jointly and severally, indemnify and hold harmless Capital One and its affiliates, 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.*

**Trustee 1** Full name (please print)

Signature of Notary Public

**Trustee 1** 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 \_\_\_\_\_  
(first name) (MI)

(last name) (suffix)  
**Trustee's full name (please print)**

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)

See page 5 for additional trustees if applicable.

# Certifications & signatures

## Additional Trustees



**\*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)*

Signature of Notary Public

**Trustee 2** 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) day of (Month), (Year)

by

(first name) (MI)

(last name) (suffix)

**Trustee's full name (please print)**

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)*

**\*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)*

Signature of Notary Public

**Trustee 2** 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) day of (Month), (Year)

by

(first name) (MI)

(last name) (suffix)

**Trustee's full name (please print)**

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)*

# Fax or mail this form



**Please review all the information included in this form for completion and accuracy before sending it to us. We will not be able to accept it if required fields are illegible or incomplete.**

Fax or mail this form using the number or address below. You may also bring this completed form to a Capital One branch location to submit on your behalf. You can locate the branch nearest you at **[locations.capitalone.com](https://www.capitalone.com/locations)**.

If you have any questions, give us a call at 800-655-BANK (2265), 8 a.m.–11 p.m. ET, 7 days a week. We'll be happy to help you.

**Mail:**

**Capital One Bank**

PO BOX 85123  
Richmond, VA 23285

**Fax:**

888-464-3220