

# SHAREHOLDER DETAILS

Use this form to provide or update your account information.



Please send the completed form to ClearTrust, LLC:  
Mail: 16540 Pointe Village Dr, Ste 205, Lutz, FL 33558  
Fax: (813) 388-4549

## A. CONTACT INFORMATION

Full Account Name (print EXACTLY as it appears on your certificate or account statement):

Address of record (if updating your address, print your new address):

Phone:

Email:

## B. SUBSTITUTE W-9 FORM

A completed Substitute W-9 Form is needed to prevent backup withholdings on payments made to you on behalf of Plains State Bank (i.e. cash dividend).

Tax Identification Number:  SSN  EIN The Taxpayer Identification Number (TIN) must match the name given in section A above. If the account is registered to Joint Tenants, use the TIN of the first owner named on the account. If you are not a U.S. citizen or do not have a Social Security Number, please use the appropriate Form W-8, available at [www.irs.gov](http://www.irs.gov).

Tax classification for the name provided in section B above. Check only one:

Individual/Sole Proprietor  C Corporation  Partnership  S Corporation  Trust/Estate  
 Limited Liability Company: Enter the tax classification \_\_\_\_\_  Other: \_\_\_\_\_

Exemptions:  Exempt Payee-Exempt payee code or Exemption from FATCA reporting code (if any) \_\_\_\_\_

Certification: Under penalties of perjury, I certify that: (1) the number shown above is my correct TIN; and (2) I am not subject to backup withholding either because of (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. person (including Resident Alien); and (4) I am exempt from FATCA reporting.

Signature of U.S. person:

Date:

## C. ACH ENROLLMENT (OPTIONAL)

I (we) hereby authorize ClearTrust, LLC ("ClearTrust") to initiate entries into my (our) checking/savings account at the financial institution listed below ("the Financial Institution") and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until ClearTrust is notified by me (us) in writing to cancel it in such time as to afford ClearTrust and the Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution:

Address of Financial Institution (branch, city, state, & zip):

Financial Institution Routing Number:

Account Number:

(select one) \_\_\_ Checking or \_\_\_ Savings

Title / Full Name of Your Account at Financial Institution:

## D. SIGNATURES

This section must be signed by all current registered holders, or a legally authorized representative with indication of his/her capacity next to the printed name.

Date:

Shareholder signature:

X

Joint shareholder signature:

X

Printed name, and title (if applicable):

Printed joint name, and title (if applicable):