

TRUST CLOSURE

[Reset](#)

This form may only be used when a trust account is being closed and no additional trust account is being opened.
To close a trust and open a new trust account with Golden 1, a new trust application must be completed.

TRUST NAME		TRUST ACCOUNT #	
Trustee			
Name			
SSN/ITIN			
Date of Birth			
Physical Address			
Mailing Address			
City, State, ZIP			
Home Phone			
Cell Phone			
E-mail			
Signature	Trustee Date		
Co-Trustee (if applicable)		Co-Trustee (if applicable)	
Name			
SSN/ITIN			
Date of Birth			
Physical Address			
Mailing Address			
City, State, ZIP			
Home Phone			
Cell Phone			
E-mail			
Signature	Co-Trustee Date	Co-Trustee Date	
FOR CREDIT UNION USE ONLY			
Branch/Teller#	Approved By:		Date:
Audit Teller #	Reviewed/Audited By:		Date:
Trust: eFunds Qualifile / Bridger OFAC / Address Verification			Form Received ☐ In Person ☐ Mailed
Trustee: /			
Co-Trustee(s): eFunds Qualifile / Bridger OFAC	C1	C2	Other Documents Obtained:
Comments:			