



WASHINGTON TRUST®

Owner - Social Security Number

_____-_____-_____

Beneficiary Customer Information

WTC needs to obtain beneficiary information from the account owner in order to accurately identify Beneficiary at time of disbursement.

First Name	Middle Name	Last Name

Social Security Number	Date of Birth - MM/DD/YYYY
_____-_____-_____	_____/_____/_____

Entity Name and EIN number

Residence/Physical Address: Street, City, State, Zip Code

Mailing Address: Street or PO Box, City, State, Zip Code

Phone number	Email Address

If available attach a photocopy of beneficiary Identification.

All of the information contained in this document is for the sole purpose of beneficiary verification. To protect beneficiary personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and building.

I declare that the information contained in this document is correct and complete.

Account Owner Name

Account Owner Signature

Date

Failure to provide the information requested herein may result in The Washington Trust Company's inability to locate your beneficiary(ies) for disbursement of account funds per your instructions. Please be aware that in the event we cannot locate your beneficiary(ies) following your death, The Washington Trust Company will maintain those funds in a separate account in the name of the beneficiary(ies) until the can be claimed by the beneficiary(ies), or until time for escheatment, whichever comes first. Please note that adding a beneficiary to your account(s) may or may not increase your FDIC insurance coverage. Please refer to FDIC: Electronic Deposit Insurance Estimator (EDIE) at edie.fdic.gov/calculator.html for further guidance.