



**AUTHORIZATION & AGREEMENT
TO OPEN A NEW SUB/FBO ACCOUNT
(1031 BUSINESS ACCOUNTS FOR SUBSIDIARY BENEFICIARIES)**

1031 Company Name		Account Type Request <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> INTEREST CHECKING <input type="checkbox"/> NON-INTEREST CHECKING
FBO Name (Subsidiary / Beneficiary). As listed on Exchange Agreement.		Tax ID Number to be used for this account
1031 Company Mailing Address for Primary Account Statements		
Primary Telephone Number:	Fax Number:	Duplicate/Secondary Statement Request Yes <input type="checkbox"/> No <input type="checkbox"/>
Secondary Statement C/O Name	Secondary Statement Address	

Please open a New 1031 Subsidiary Beneficiary Account per our previously established Master Signature Card Agreement and add this new sub account to our existing Funds/Wire Transfer Agreement and Nettleter # _____ .

1. Expected date of sale that will generate this deposit? _____
2. Has the exchange property been identified? Yes / No
3. If yes to #2, what is the scheduled close of Escrow? _____
4. What is the expected deposit amount? _____

The following documents are also attached: Signed W-9 for Beneficiary Exchange Agreement signed by Beneficiary

The authorized agent(s) agree that the Company's account(s) will be governed by the terms set forth in the Deposit Account Agreement and Disclosures, the Time Certificate of Deposit or Confirmation of Time Deposit Agreement (if applicable), the Rate and Fee Schedule, The Funds Availability Policy Disclosure, the Substitute Check Policy Disclosure, the Electronic Funds Transfer Agreement and Disclosure (if applicable), and acknowledge receipt of our privacy policy (if applicable), as amended by the Financial Institution from time to time. The authorized Agent also acknowledges that they have received at least one copy of these deposit account documents.

Printed Name & Title

X _____
Signature

Date

Fax this completed form to our Central Operations Dept Fax Number (858) 432-7085
Or send secure email to 1031operations@scombank.com. You may use our Secure Email by accessing our website www.scombank.com and clicking on "SEND SECURE EMAIL".
For general questions, call (858) 432-7000

THIS AREA BELOW IS FOR BANK USE ONLY

Date Received _____ Fax Email Mail In Person Received By _____

Account Number		Type of Account Opened	Date Opened:
Primary Account Officer	Secondary Account Officer	Risk Code	Management/Compliance Approval
Field 805	Field 806	Account Opened By:	
For Authorized Signatures See Master Signature Card Master Account Number:		Analysis Code	
Duplicate Statement Set Up Y / N	Branch Approval	Callback By / Date:	
Date Closed	By	Reason	