

Date: _____

New Jersey DOBI Custodial Account Information Form

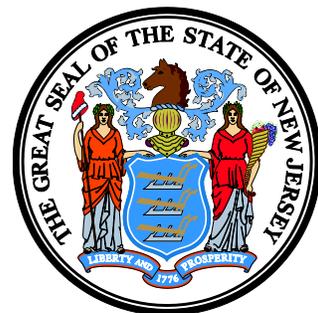
Company Name:
Federal ID #:
*Account Number:
*Registration:
Bank Statement Mailing Information:
Contact Person:
Address:
Telephone Number (including extension):
Fax Number:
E-mail address:
Invoice Mailing Information:
Company Name:
Contact Person:
Address:
Telephone Number (including extension):
Fax Number:
E-mail address:
NOTE: A company looking to change not only the statutory account contact personnel but its company's infrastructure should also attach a letter, with mock signature(s) of who the company gives authorization to sign on behalf of the company, on company letterhead, and signed by an officer of the company along with this form.

Return this form to:

Robert L. Edge
New Jersey Department of Banking and Insurance
Office of Solvency Regulation

Via: fax: 609.454.8587 or
 e-mail: robert.edge@dobi.nj.gov

Questions: Direct Line - 609.940.7444



Custodial Account Information Instructions
For **New Accounts*

Please verify that Company Name and Federal ID number are correct. **The Department will assign the Account Number and Registration.* Make all corrections on form;

Bank Statement Mailing Information:

Provide the contact person, their address, telephone number (including extension), fax number and e-mail address.

Invoice Mailing Information:

TD Bank charges a yearly maintenance fee. Please provide the information requested if it differs from the Bank Statement Mailing Information.

http://www.state.nj.us/dobi/division_insurance/pdfs/custodialacct2017.pdf