

New Account Registration Form

Participant:				
Address:				
City/State:		Zip Code:		
Tax ID#:	Phone:	Fax:		
	Participant's Author	ized Representatives		
	Rep #1	Rep #2	Rep #3	
Name: _				
Title:				
Signature: _				
E-mail: _				
Access (Full or Limited):				
Participant's Wire Instructions	5 :			
Bank Name:		A	BA:	
Address:		A/C#	<i>‡</i> :	
CSAFE's Wire Instructions:				
Bank Name: US Bank		A	ABA: <u>102-000-021</u>	
Address: _P.O. Box 5168, Denver, CO 80217			_{#:} 122705534339	
For Further Credit: Please alwa	ys refefence your CSAFE ac	count number.		
AUTHORIZATION: This agreement au telephoned, oral, electronic or written in such proceeds to the above-named F accordance with such requests.	equests are received by CSAFE fro	om anyone of the Authorized Repres	sentatives names above by transferring	
TERMINATION: This Agreement and the receives written notice of termination. Instructions.		_		
LIMITATION ON LIABILITY: The CSAFI shall have no liability for any transfers of	_		Custodian known collectively as CSAFE	
CSAFE Representative:		Signature:		
Participant:		Signature:		
CSAFE A/C Number:	eted by CSAFE)	Date:		

Please e-mail the completed form to csafe@csafe.org and allow 24 hours for processing. If you have any questions, please call 800-541-2953.