



The Trust Company– WEBLINK Access Authorization Form

Section I: Please provide me with access to my trust account through the internet (“WEBLINK”) and email me my Access ID and login instructions. I understand I will receive my new password through the US Postal Service shortly after processing this form. * Minimum Required Information

* Name(s): _____

* Address: _____

* Home Phone: _____ Office Phone: _____

Cell Phone: _____ * Email Address: _____

*** Name(s) of account(s) and account number(s)**

1. Acct Name: _____ Acct #: _____ 2. Acct Name: _____ Acct #: _____

3. Acct Name: _____ Acct #: _____ 4. Acct Name: _____ Acct #: _____

Please complete Section II below to authorize Web Access for additional parties.

Authorized Signature: _____ Date: _____

Please Print Name: _____

Authorized Signature: _____ Date: _____

Please Print Name: _____

The Trust Company – WEBLINK Authorization Form (Section II)

Section II: Please authorize the following person(s) access to the account(s) listed above in Section I: * Minimum Required Information

* 1. Name: _____ * Firm/Relationship: _____

* Address: _____

* Telephone: _____ * Email Address: _____

* 2. Name: _____ * Firm/Relationship: _____

* Address: _____

* Telephone: _____ * Email Address: _____

* 3. Name: _____ * Firm/Relationship: _____

* Address: _____

* Telephone: _____ * Email Address: _____

Please return this form to:

The Trust Company of Sterne Agee
Attn: WEBLINK
800 Shades Creek Parkway, Suite 125
Birmingham, Alabama 35209

Or FAX a copy to:
205.414.3365