

# SPC Private Banker Necessary Information for Filing

Please print clearly so your agent can transcribed the information correctly

## DEBTOR (ALL CAPS NAME)

NAME: \_\_\_\_\_

DEBTORS Address: (Must be Different than Secured Party)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Birth Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

Social Security No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(This is a must! You or your contact must have an e-mail address)

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Name of Second Trustee**, this is a co-trustee that will also have access to help manage the trust estate. It is very important to trust this man/woman:

\_\_\_\_\_

Address of Second Trustee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Secured Party's (True-Name)

Name: \_\_\_\_\_

SPC's Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Name of all Beneficiaries** (5 max)(this is the person or people you will be acting on behalf of, usually an ideal beneficiary is a child or your children):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Authorized Agents** Acting on your behalf such as family members or friends you will allow this information to be discussed with. (Please not information will not be released to any party unless they are listed here!)

Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Please download **Adobe Scan** for your smartphone to **Scan your documents, Save them as PDFs and Email them to us** to begin the document preparation and filing process.

## Additional Documents needed for the Secured Party Creditor, Private Banker process:

### ① An original of the "Certificate of Live Birth (Long Form)"

(If you do not have a copy it can be obtained at the Vital Statistics office for the State you were born in.)

*The trustees are major roles that should be taken seriously. Think very long and hard about who you trust to act as co-trustee. As well the second trustee will have to also be available when opening an account at a bank when and if you choose to do so.*

### If referred who was it by?

Name: \_\_\_\_\_

Phone or E-mail: \_\_\_\_\_

Office Use Only: D/E: \_\_\_\_\_

Drafts: \_\_\_\_\_ Corrections: \_\_\_\_\_ Approved FD: \_\_\_\_\_ Print: \_\_\_\_\_

ID: \_\_\_\_\_ Shipped: \_\_\_\_\_ TRUST Consult. : \_\_\_\_\_

**POWER OF ATTORNEY BETWEEN PRINCIPAL AND AGENT**

The undersigned, a natural man known as (Name here) \_\_\_\_\_, as principal, an inhabitant on the Land in the original jurisdiction of the (State here) \_\_\_\_\_ Republic, does hereby designate Moziah Corporation as attorney in fact for the principal, to act in the following capacity in behalf of the principal.

- 1) The attorney in fact shall have the limited power to sign the principal's name to certain documents as if the principal himself were signing on said documents. The documents, upon which the attorney in fact shall have authority to sign the principal's name, are limited in scope to the following: Security Agreement, Hold Harmless Agreement, Private Agreement as well as various "Acceptances for Value" on commercial documents and various necessary filings, and documents included in the Secured Party Creditor Process.
- 2) This special power of attorney shall become effective immediately and shall remain in effect until the documents are prepared or until revoked or terminated as specified in paragraph 3 or extended as specified in paragraph 4.
- 3) This power of attorney may be revoked, suspended or terminated in writing by principal with written notice to the designated attorney in fact.
- 4) This power of attorney may be extended as necessary by written authorization of principal with written notice to the designated attorney in fact.
- 5) The designated and acting attorney in fact and all persons dealing with the attorney in fact shall be entitled to rely upon this power of attorney so long as neither the attorney in fact nor any person with whom he was dealing at the time of any act taken pursuant to this power of attorney, had received actual knowledge or actual notice of any revocation, suspension, or termination of the power of attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on the heirs, devisees, legatees or personal representatives of the principal.
- 6) The estate of the principal shall hold harmless and indemnify the attorney in fact from all liability for acts done in good faith and not in fraud of the principal.
- 7) The laws of The State of \_\_\_\_\_ shall govern this power of attorney.

This power of attorney is signed on this \_\_\_\_\_ day of the month \_\_\_\_\_, AD 201\_ to be effective immediately.

*Located at:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(This is your address.)

*Signature:* \_\_\_\_\_  
\_\_\_\_\_  
Principle  
*Print Name:* \_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGEMENT**

**SUBSCRIBED TO AND SWORN before me this \_\_\_\_\_ Day of \_\_\_\_\_, A.D. 20\_\_\_\_\_**  
**A Notary, that \_\_\_\_\_, personally appeared before me and known to me to be the man/woman whose name subscribed to the within instrument and acknowledged to be the same.**

\_\_\_\_\_  
(SEAL)  
Notary Public  
My Commission expires: \_\_\_\_\_