

Master Account Title:Master Account Number:Contact Name:

Email Address:Telephone Number:Fax Number:

Please complete the appropriate sections below and submit this form along with the W-9 and/or applicable W-8 forms and any supporting documentation, such as Power of Attorney papers, to the M&T Escrow Services Department. All forms and documents can be faxed to the M&T Escrow Services Department at 1-888-964-8797 or mailed to: M&T Escrow Services Department, P.O. Box 4621, Buffalo, NY 14240. In order to submit your forms electronically, please email EscrowServicesForms@mtb.com to receive a link to a secure email box which you can use to submit forms securely.

(*M&T Escrow Services Allocation Forms are not required for clients who are enrolled in M&T Escrow Online to open and close sub-accounts. For more information about M&T Escrow Online, please contact your Relationship Manager or M&T's Treasury Management Service Team at 1-800-724-2240 Monday-Friday 8am – 6pm ET.)

Failure to complete this form in its entirety and in a timely manner may result in processing delays. For instructions on how to complete the Allocation Form, please see page 2.

Enroll In Email Alerts

Would you like to receive account information quicker? If so, please check the box to the right, and you'll receive an email when actions you request via an allocation form have been completed. Examples of when an email alert would be sent include sub-account opening or closing, completion of an allocation, or upon completion of sub-account maintenance. Please ensure the email you have listed above is the one you'd like alerts sent to. To update your email address for alerts, please contact us at EscrowServicesForms@mtb.com.

Please check the box to the right if you are enrolled in Email Alerts.

Enroll Me

☐

Already Enrolled

☐

Account Closing

To close your master account (listed above), any related holding account, and all linked sub-accounts, please check the box to the right.

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Note: Closure of the master account will initiate the closing of the related holding account and all sub-accounts. In order for us to close such accounts, each must have a zero balance. You do not need to list each sub-account separately.

Sub-Account Maintenance

Please complete the section below in order to open a new sub-account, change details of an existing sub-account, or close a sub-account. All funds withdrawn from a sub-account via this form will be reallocated to the Master Account where the funds will be available for disbursement.

Sub-Account Number	*Beneficiary Type	Tenant/Client Name	Sub-Account Address	Reference (optional)	Aggregation	Amount (\$)	Close, New, Existing	Deposit, Withdrawal, Maintenance

*This field is required for sub-account opening only

Comments:

CLIENT:

Authorized SignatureName (print)TitleDate Signed

Instructions:

M&T Escrow Services Client Support Information

For all M&T Escrow related questions (including assistance with this form), please contact the Treasury Management Service Team at 1-800-724-2240 Monday through Friday between the hours of 8:00am and 6:00pm ET.

Sub-Account Number--please provide the sub-account number.

***Beneficiary Type**--please denote the sub-account beneficiary type: **I=Individual, J=Joint Owner, T=Trust, C=Company. *(Only required at sub-account opening)**

Tenant/Client Name--please provide the name of the sub-account tenant or client.

Sub-Account Address--please provide the full address of the sub-account tenant or client, including the city, state, and zip code.

Reference--please provide a tenant/client reference of your choosing that will be used to sort the monthly statements. The reference may be alpha or numeric or a combination of both. For example, landlords may use an apartment number.

Aggregation--please provide the aggregation you would like to have your sub-account opened under. The aggregation is a grouping that will be applied to the specified sub-accounts, allowing sub-accounts to be linked together under a common identifier. To create a new aggregation, list the new aggregation name in the aggregation column and the aggregation will be created for you. If no aggregation is given, a generic aggregation will be assigned. If you wish to change the generic aggregation assigned, please contact the Escrow Services team at EscrowServicesForms@mtb.com.

Amount--please provide the dollar amount associated with the requested allocation.

Close, New, Existing--please provide one of the following to indicate the request type. **C=Close Account, N=New Account, E= Existing Account**

Deposit, Withdrawal, Maintenance--please provide one of the following to indicate the transaction type. **D= Deposit, W= Withdrawal, M= Maintenance (i.e.-address change)**

Sub-Account Number	*Beneficiary Type	Tenant/Client Name	Sub-Account Address	Reference (optional)	Aggregation	Amount (\$)	Close, New, Existing	Deposit, Withdrawal, Maintenance
12345	I	Jane Mary	1717 Domicile Rd Apt 1City, ST 45685	001	Building #10	\$100.00	C	W
	I	John Doe	1717 Domicile Rd Apt 1City, ST 45685	003	Building #14	\$1500.00	N	D
54321	I	Mike Smith	1717 Domicile Rd Apt 1City, ST 45685	005	Building #2	\$200.00	E	D

