

Master Account Title: _____ Master Account Number: _____

Contact Name: _____

Telephone No.: _____ Fax No.: _____

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.

(*M&T Escrow Services Allocation Forms are not required for clients who are enrolled in Escrow Online to open and close sub-accounts. For more information about Escrow Online, please contact your Relationship Manager or M&T's Commercial 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

Master and Sub-Account Closing

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

Note: In order for us to close your master account, it must contain a zero balance. You do not need to list each sub-account separately.

Sub-Account Information

Please complete the section below in order to open a new sub-account, change details of an existing such account, or close a sub-account.

See page 2 for instructions.

Sub-Account Number	Tenant/Client Name	Sub-Account Address	Reference (Lease Security Only)	Amount	Check Number	Deposit or Withdrawal Date	Close, New, Existing	Deposit, Withdrawal, Maintenance

Comments:

CLIENT:

Authorized Signature	Name (print)	Title	Date Signed
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Instructions:

M&T Escrow Services Client Support Information

For all M&T Escrow related questions (including assistance with this form), please contact the Commercial 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.

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

Sub-Account Address--please provide the address of the sub-account tenant or client.

Reference—Lease Security only. Please provide a tenant/client reference of your choosing that will be used to sort the monthly statements. The reference can be up to ten characters and may be alpha or numeric or a combination of both. For example, landlords may use an apartment number. If no number is given, a generic default will be assigned.

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

Check Number— Please provide the check number(s) associated with the allocation.

Deposit or Withdrawal Date— The date the funds were deposited or withdrawn from your Master account.

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 (ie-address change)**

Sub-Account Number	Tenant/Client Name	Sub-Account Address	Reference (Lease Security Only)	Amount	Check Number	Deposit or Withdrawal Date	Close, New, Existing	Deposit, Withdrawal, Maintenance
12345	Jane Mary	17 Domicile Rd Apt 1 City, ST 45685	001	100.00	123	01.01.2018	C	W
	John Doe	17 Domicile Rd Apt 3 City, ST 45685	003	150.00	456	01.11.2018	N	D
54321	Mike Smith	17 Domicile Rd Apt 5 City, ST 45685	005	200.00	789	01.15.2018	E	D