

AIA Trust

Legaline

COMPONENT SUBSCRIBER PROFILE

1. Name of Component: _____
Director's Name: _____

2. Address: Street: _____
City: _____ State: _____ Zip: _____

3. Telephone Number:(____) _____ Fax Number:(____) _____
E-Mail Address: _____ Website: _____

4. Component Representatives authorized to direct calls to Legaline: _____
