THIS DOCUMENT MUST INCLUDE A CHECKING ACCOUNT NUMBER, VERIFICATION FROM THE FINANCIAL INSTITUTION, AND THE ACCOUNT TITLE UNDER THE NAME IN WHICH THE BROKER IS OR WILL BE CONDUCTING BUSINESS. IF ANY OF THIS INFORMATION IS MISSING, THE DOCUMENT WILL BE RETURNED.

NEBRASKA REAL ESTATE COMMISSION
P.O. BOX 94667
Lincoln, NE 68509-4667

Authorization to Inspect Trust Account

(NAME OF BROKER)

Having submitted an application for a real estate broker's license, or currently holding a broker's license in accordance with Neb. Rev. Stat. §81-885.21, I do hereby register with the Nebraska Real Estate Commission the trust bank account described below. Into this account, the broker or the broker's salesperson(s) or associate broker(s) shall place all earnest money, deposits, and any other funds received on behalf of clients or other parties until the close or cancellation of a transaction. This real estate trust account is maintained at the following Nebraska financial institution, under the account name and number listed.

The Trust Account is: ☐ Non-Interest Bearing ☐ Interest Bearing

_____ _____
__ Nebraska
(NAME OF NEBRASKA FINANCIAL INSTITUTION) (CITY)

_____ TRUST
ACCOUNT* _____
(FULL TITLE OF THE ACCOUNT AS SHOWN ON BANK RECORDS) (ACCOUNT NUMBER)

_____ _____
____
(ROUTING NUMBER) (NAME OF APPLICANT/BROKER)

hereby agrees and authorizes _____
(NAME OF NEBRASKA FINANCIAL INSTITUTION)

to permit, at any time, a duly authorized agent of the Nebraska Real Estate Commission to review the above-named trust account as required by Neb. Rev. Stat. §81-885.21(3).

(SIGNATURE OF APPLICANT/BROKER)

FINANCIAL INSTITUTION CERTIFICATION

The undersigned, an authorized official of _____
(NAME OF NEBRASKA FINANCIAL INSTITUTION)

located in _____, does hereby certify that the broker named above maintains the real estate trust
(CITY)

account indicated above, and agrees that _____
(NAME OF NEBRASKA FINANCIAL INSTITUTION)

in _____, Nebraska, County of _____, will permit a duly authorized
(CITY)

representative of the Nebraska Real Estate Commission to inspect said trust account upon request.

Signed at _____, Nebraska, this _____ day of _____, _____

(CITY) (MONTH) (YEAR)

(SEAL OF FINANCIAL INSTITUTION) _____
(NAME OF FINANCIAL INSTITUTION)

If applicable _____
(NAME)

(TITLE)

* *TRUST ACCOUNT* MUST APPEAR IN THE TITLE OF THE ACCOUNT