



**APPLICATION AND AGREEMENT
FOR CREDIT UNION ACCOUNT
IN THE NAME OF TRUSTEE(S)**

ACCOUNT NO.

Account Numbers (IRA Accounts Excluded): _____ New Update Existing Trust Account dated: _____

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Trust Information

The funds in trust for the above-referenced account(s) are controlled by the Trust Instrument entitled (name of trust): _____ The trust was executed on (date): _____

The trust referred to above is: Revocable Irrevocable

Trustor Information (the person(s) who created the trust)

Name of Trustor (1): _____ Last: _____ First: _____ MI: _____

Address: _____ Occupation _____ Social Security Number _____

Date of Birth: _____ Driver's Lic. No.: _____ State: _____ Issue Date: _____ Exp. Date: _____

Name of Trustor (2): _____ Last: _____ First: _____ MI: _____

Address: _____ Occupation _____ Social Security Number _____

Date of Birth: _____ Driver's Lic. No.: _____ State: _____ Issue Date: _____ Exp. Date: _____

Trustee Information

If **all** trustees are the same as **all** trustors, simply check this box: Otherwise, complete the information below.

Name of Trustee (1): _____ Last: _____ First: _____ MI: _____

Address: _____ Occupation _____ Social Security Number _____

Date of Birth: _____ Driver's Lic. No.: _____ State: _____ Issue Date: _____ Exp. Date: _____

Name of Trustee (2): _____ Last: _____ First: _____ MI: _____

Address: _____ Occupation _____ Social Security Number _____

Date of Birth: _____ Driver's Lic. No.: _____ State: _____ Issue Date: _____ Exp. Date: _____

Successor Trustee Information

Trustee(s) affirm that the person(s) named below are designated as successor trustee(s) under the Trust Instrument in the event that all of the trustee(s) named above resign, die, become incapacitated, or otherwise become unable to act as trustee(s) of the trust. **This Application and Agreement will not be approved unless successor trustee(s) are designated below.**

Name of Successor Trustee (1): _____ Last: _____ First: _____ MI: _____

Address: _____ Occupation _____ Social Security Number _____

Date of Birth: _____ Driver's Lic. No.: _____ State: _____ Issue Date: _____ Exp. Date: _____

Name of Successor Trustee (2): _____ Last: _____ First: _____ MI: _____

Address: _____ Occupation _____ Social Security Number _____

Date of Birth: _____ Driver's Lic. No.: _____ State: _____ Issue Date: _____ Exp. Date: _____

Beneficiary Information

Name of Beneficiary (1): _____ Last: _____ First: _____ MI: _____

Address: _____

Social Security No.: _____

Name of Beneficiary (2): _____ Last: _____ First: _____ MI: _____

Address: _____

Social Security No.: _____

Name of Beneficiary (3): _____ Last: _____ First: _____ MI: _____

Address: _____

Social Security No.: _____

Request For Taxpayer Identification Number

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). For other entities, it is your Employer Identification Number (EIN). If you do not have a number, see **How to get a TIN** in "Specific Instructions," Part I.

Note: If the account is in more than one name, see the chart in the Instructions to IRS Form W-9 for guidelines on "What Name and Number to Give the Requestor."

SOCIAL SECURITY NUMBER

_____ - _____ - _____

OR

EMPLOYER IDENTIFICATION NUMBER

_____ - _____

Part II Certification

By signing below, you certify, under the penalties of perjury, that:

1. The number shown on this form is your correct Taxpayer Identification Number, and
2. You are not subject to backup withholding because: (a) you are exempt from backup withholding; or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified you that you are no longer subject to backup withholding; and
3. You are a U.S. person (including a U.S. resident alien).
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. Cross out **item 2** above if you have been notified by the IRS that you currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign Here

Signature of U.S. Person ➤

Date ➤

ALL TRUSTOR(S) AND TRUSTEE(S) MUST SIGN BELOW

The trustor(s) and trustee(s) certify that the information on this form above is true and correct and agree to its terms and conditions. The trustee(s) also certify that the signatures appearing below are genuine signatures of said authorized persons.

IF THE TRUSTOR(S) IS/ARE ALSO THE TRUSTEE(S) UNDER THE TRUST INSTRUMENT, AND HAVE CHECKED THE BOX IN THE "TRUSTEE INFORMATION" SECTION ABOVE, THE TRUSTEE(S)/TRUSTOR(S) MAY SIGN ONCE AND CHECK BOTH BOXES UNDER THEIR SIGNATURE.

Signature		As <input type="checkbox"/> Trustor <input type="checkbox"/> Trustee	Date
Signature		As <input type="checkbox"/> Trustor <input type="checkbox"/> Trustee	Date
Signature		As <input type="checkbox"/> Trustor <input type="checkbox"/> Trustee	Date
Signature		As <input type="checkbox"/> Trustor <input type="checkbox"/> Trustee	Date