

Personal Trust Minor

Member Number: _____ **Application Purpose:** _____

MEMBER INFORMATION					
First Name		Middle Initial	Last Name		Soc. Sec.# or Taxpayer ID
Street Address			City	State	Zip
Mailing Address			City	State	Zip
Home Phone	Work Phone		Email	Security Password	
Place of Employment		Eligibility		Drivers License No.	Birth Date

ACCOUNTS AND SERVICES TO BE ADDED OR CHANGED			
Savings Services Requested		Loan Services Requested	
<input type="checkbox"/> Savings	<input type="checkbox"/> Freestyle (youth 13-19)	<input type="checkbox"/> VISA Gold	<input type="checkbox"/> Signature Loan
<input type="checkbox"/> Checking	<input type="checkbox"/> CU Kids Club (youth 0-12)	<input type="checkbox"/> Secured Visa	<input type="checkbox"/> Pre-Approved Auto Loan
<input type="checkbox"/> Super Saver	<input type="checkbox"/> Money Fund	<input type="checkbox"/> Overdraft Protection	<input type="checkbox"/> Bill Pay
<input type="checkbox"/> Save4it Account	<input type="checkbox"/> M.A.R.S. Member Audio Response	<input type="checkbox"/> Line of Credit	<input type="checkbox"/> Other _____
<input type="checkbox"/> Holiday Club	<input type="checkbox"/> PC Branch-Internet Account Access	<input type="checkbox"/> Platinum Rewards Visa	
<input type="checkbox"/> Advantage +	<input type="checkbox"/> Visa Debit card		

JOINT ACCOUNT HOLDER INFORMATION					
Joint Owner 1 - First Name		Middle Initial	Last Name		Soc. Sec.# or Taxpayer ID
Street Address			City	State	Zip
Home Phone	Work Phone		Email	Mother's Maiden Name	
Place of Employment		Drivers License No.		Birth Date	
Joint Owner 2 - First Name		Middle Initial	Last Name		Soc. Sec.# or Taxpayer ID
Street Address			City	State	Zip
Home Phone	Work Phone		Email	Mother's Maiden Name	
Place of Employment		Drivers License No.		Birth Date	
Joint Owner 3 - First Name		Middle Initial	Last Name		Soc. Sec.# or Taxpayer ID
Street Address			City	State	Zip
Home Phone	Work Phone		Email	Mother's Maiden Name	
Place of Employment		Drivers License No.		Birth Date	

THE FOLLOWING OPTIONS APPLY TO CERTIFICATE ACCOUNTS ONLY	
<input type="checkbox"/> Add Interest to Principal Balance	<input type="checkbox"/> CD With Single Ownership
<input type="checkbox"/> Deposit Interest to Account # _____	<input type="checkbox"/> CD Held With Rights of Survivorship
<input type="checkbox"/> Number of Signatures required for Negotiation _____	<input type="checkbox"/> CD Held Without Rights of Survivorship

TIN AND BACKUP WITHHOLDING

By signing this form, I certify, in accordance with the IRA W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN/TIN) shown is my/the correct identification and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

(Check applicable box if different certification applies.)

<input type="checkbox"/> I am subject to backup withholding	<input type="checkbox"/> Exempt
<input type="checkbox"/> I am not a United States citizen or resident (Complete W-8)	

BENEFICIARY DESIGNATION

The following beneficiary(ies) are to receive the proceeds of my accounts in the event of my death. If these accounts are jointly held, the beneficiary(ies) are to receive the funds only in the event of the death of all account holders. Unless otherwise stated, each beneficiary will receive an equal percentage of funds designated below.

Beneficiary 1 - First Name		Middle Initial	Last Name		Soc. Sec.# or Taxpayer ID	
Street Address			City		State	Zip
Home Phone	Work Phone		Email		Birth Date	
Relationship		Share of Funds (If other that stated above %)		Drivers License No.		
Beneficiary 2 - First Name		Middle Initial	Last Name		Soc. Sec.# or Taxpayer ID	
Street Address			City		State	Zip
Home Phone	Work Phone		Email		Birth Date	
Relationship		Share of Funds (If other that stated above %)		Driver License No		

ACCOUNT HOLDER AGREEMENT

By signing this card I/we : 1) authorize you (a) to open future accounts and services for which I/we qualify upon my/our oral, written or electronic request and (b) to transfer funds between my/our accounts or disburse funds in the form of a Credit Union check payable to me/us upon my/our telephone request; (2) verify that all statements on this Card are true; (3) acknowledge receipt of the separate Membership and Account Agreement and Disclosures, Truth-In-Savings Disclosures, Fee Schedule, Rate Schedule, Funds Availability Policy and EFT Disclosures as applicable and agree to the terms contained therein and to any amendment the Credit Union makes from time to time which are incorporated therein; (4) authorize you to check my/our employment history and to obtain and report credit reports and credit information from/to third parties in connection with services the Credit Union may offer; (5) authorize you to process both oral and written loan requests from me/us in the future. ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

<hr style="border: none; border-top: 1px solid black;"/> Member Signature Date	<hr style="border: none; border-top: 1px solid black;"/> Joint Owner - 1 - Signature Date
<hr style="border: none; border-top: 1px solid black;"/> Joint Owner - 2 - Signature Date	<hr style="border: none; border-top: 1px solid black;"/> Joint Owner - 3 - Signature Date

FOR CREDIT UNION USE ONLY

<input type="checkbox"/> Rate Schedule	<input type="checkbox"/> Fee Schedule	<input type="checkbox"/> Account Agreement	<input type="checkbox"/> Funds Availability
<input type="checkbox"/> EFT Agreement	<input type="checkbox"/> OFAC	<input type="checkbox"/> Reg. CC Disclosure	<input type="checkbox"/> Internet Access Disclosure
Checks Ordered _____	Starting Check # _____	Check ID# _____	ID Verified by _____
ChexSystems Info			
How Long in State		OFAC Check	
Date of Membership/Update		CU Employee	
Membership Officer		Date	
Signature Card Scanned By		Date	