APPLICATION

Signature FEDERAL CREDIT UNION
Everywhere You Are

Estate Account Application

REQUIREMENTS

1. Executor/Executrix/Administrator must provide Letters of Administration and an Estate Tax Identification Number (TIN) for account opening.

2. A government issued photo ID for each Executor/Executrix/Administrator will be on the account.

3. Two forms of address verification for primary Executor/Executrix/Administrator.

4. Copy of certified death certificate

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A. Deceased Person's Information

Name: First	MI	Last	Suffix
Date of Birth (MM/DD/YY)	Date of Death (MM/DD/YY)	Place of Death	Estate TIN (Required)
SFCU Member Number (if decendent was a member)			

B. Executor/Executrix/Administrator(s) Information

Executor/Executrix/Administrator Name: First	MI	Last	Suffix
Current Home Address *(Cannot be a post office box)* Street	City	State	ZIP
Driver's License of Government ID No./State	Issue Date (MM/DD/YY)	Exp. Date (MM/DD/YY)	
Date of Birth (MM/DD/YY)	Social Security Number (TIN)	Relationship to Deceased	
Email Address	Home Phone #	Cell Phone #	

Co-Executor/Co-Executrix/Co-Administrator Name: First	MI	Last	Suffix
Current Home Address *(Cannot be a post office box)* Street	City	State	ZIP
Driver's License of Government ID No./State	Issue Date (MM/DD/YY)	Exp. Date (MM/DD/YY)	
Date of Birth (MM/DD/YY)	Social Security Number (TIN)	Relationship to Deceased	
Email Address	Home Phone #	Cell Phone #	

C. Estate Information

State and County or District of Columbia Court Issuing Letters of Administration (Court Name)

D. Products and Services (Check the services the estate wants to receive)

- ☐ Estate Savings Account (Required)
- ☐ Checking
- ☐ Share Certificate(s) #_____ , #_____
- ☐ Money Market
- ☐ SFCU Online Branch Access

E. Funding Requirements

Deposit Amount ($5 Minimum)	Deposit Source ☐ Check ☐ Debit or Credit Card ☐ Transfer - Member Number _____		
Visa/MasterCard/Account Number	Exp. Date	CVV	ZIP

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F. Agreement

I/We hereby apply for an estate account at Signature FCU. I/We by Will or applicable State law have the power to open this account.

SFCU is authorized to recognize the signatures below for the payment of funds or the transaction of any business for this account. I/We as Administrator of this estate account agree that all funds on deposit now or in the future are owned by the decedent's estate and will be subject to the withdrawal or receipt of the Administrator, and payment to the Administrator/Co-Administrator will be valid and discharge SFCU from any liability for such payment.

In addition, any endorsement or signature by any Administrator/Co-Administrator will be considered a valid signature for transacting business in this account. The right or authority of the Credit Union under this agreement cannot be changed or terminated by me/us, except by written notice to SFCU which has been acknowledged in writing by SFCU, which shall not affect previously made transactions.

I hereby certify that I/we have been duly qualified and/or appointed by a court to settle the above decedent estate, including but not limited to the payment of taxes, debts, and distribution of assets and/or property belonging to the estate. By my/our signatures, I/we acknowledge that SFCU has no responsibility for the administration of this estate account or the settlement of the above decedent's estate at any time. I/We understand that upon settlement of the decedent's estate, it is my/our responsibility to request closure of the estate account.

By checking "SFCU Online Branch Access" in Section E of this application, I/We understand that I/we are applying for SFCU Online Branch services. I/We understand that this service will provide me/us access to all existing and future accounts held in the name of this estate. I/We hereby accept responsibility for safeguarding the password(s) in order to prevent unauthorized access or transactions on the account. I/We agree that SFCU may revoke SFCU Online Branch access if unauthorized access or transactions occur as the apparent result of negligence in safeguarding the password(s).

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including co-administrators. What this means for you: When you open an account, we will ask you 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. Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law.

G. Signatures and Certification *(By signing, I/We acknowledge that I/we have read and agree to the information in the Agreement above.)*

Under penalties or perjury, I certify that: (1) The number shown on this form is the estate's taxpayer identification number (or I am waiting for a number to be issued), and (2) the estate is not subject to backup withholding because: (a) the estate is exempt from backup withholding, or (b) the estate has not been notified by the Internal Revenue Service (IRS) the estate is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the estate that it is no longer subject to backup withholding, and (3) the estate is a U.S. citizen or other U.S. person. For tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or domestic trust (as defined in Regulations section 301.7701.7). (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. The IRS does not require certification of any other part of this Application and Agreement other than the certification concerning backup withholding.

Signature of Executor/Executrix/Administrator (Required)	Date (MM/DD/YY)
Signature of Co-Executor/Co-Executrix/Co-Administrator (If applicable)	Date (MM/DD/YY)