

Trust Account Agreement/Application

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Revocable Trust **Irrevocable Trust** **Testamentary Trust**

Customer Identification Requirements: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify, and record information that identifies all new Credit Union Members. The Credit Union must also verify the identity of non-members added as signatories on accounts. In addition to verifying identification, the Credit Union must maintain a description of any document used for this purpose. Any documents used to verify identity will be secured in compliance with the Credit Union's Privacy Policy. If you are an existing member, we will need to verify and retain copies of any documents used to verify identity when you request new accounts or services.

We ask for your patience and understanding. Please remember this is a mandatory requirement and we must comply for your protection and the protection of our Country.

Name Of Trust: _____

This account Agreement is effective as of the date this Agreement is signed. The undersigned, as Trustees/CO-Trustees of Trust, requests and authorizes Signature Federal Credit Union to establish a share account on the terms and conditions set forth below and the terms and conditions contained within Signature FCU's New Membership Account disclosure, if applicable. This account shall be governed by applicable state, federal, and local laws, and regulations, and the articles of incorporation, Charter bylaws, rules, regulations, and practices of Signature FCU, each as ammended from time to time.



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Part 1: Trustor #1 Information

Trustor Name	SSN	DOB
Physical Address	City	State ZIP
Mailing Address	City	State Zip
Phone #	Email	Mother's Maiden Name
Identification Number (Drivers liscence, Military or government issued ID)	ID Type	Expiration Date

Trustor #2 Information (If applicable)

Trustor Name	SSN	DOB
Physical Address	City	State ZIP
Mailing Address	City	State Zip
Phone #	Email	Mother's Maiden Name
Identification Number (Drivers liscence, Military or government issued ID)	ID Type	Expiration Date

Part 2: Trustee #1 Information

Trustee Name	SSN	DOB
Physical Address	City	State ZIP
Mailing Address	City	State Zip
Phone #	Email	Mother's Maiden Name
Identification Number (Drivers liscence, Military or government issued ID)	ID Type	Expiration Date



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Trustee #2 Information (If applicable)

Trustee Name	SSN	DOB
Physical Address	City	State ZIP
Mailing Address	City	State Zip
Phone #	Email	Mother's Maiden Name
Identification Number (Drivers liscence, Military or government issued ID)	ID Type	Expiration Date

Part 3: Account and Loan Products

- | | | |
|--|--|---|
| <input type="checkbox"/> Share Savings | <input type="checkbox"/> Checking | <input type="checkbox"/> Online Banking |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> Visa Debit Card (Requires checking) | <input type="checkbox"/> Bill Pay |
| <input type="checkbox"/> Certificates | <input type="checkbox"/> E-Statements | <input type="checkbox"/> Bank to Bank |

Part 4: Account Agreement

By completing this Agreement/Application, I am requesting that Signature Federal Credit Union (the "Credit Union") open the account as indicated. I authorized the Credit Union to verify the information on this application with third parties and hold harmless those organizations from which information is obtained. I authorize the Credit Union to open new accounts with the same ownership and signature authorization upon deposit of funds by any authorized signer. I agree that the Credit Union may rely on the signature authority indication on this application until notified otherwise in writing. All accounts opened will be subject to Federal law and Credit Union bylaws, policies, and rules. By signing this application, I acknowledge receipt of and agree to the terms, conditions, rates, and fees established by the Credit Union for the type of account being opened as stated in the Credit Union's Share Account Agreement, Fee Schedule, and New Membership Account disclosure as amended from time to time. I certify that the accounts opened will not be used for personal, family, or household purposes. I authorize the Credit Union to verify the information provided through the National Check Protection Service (NCPS), and understand the opening of this account is provisional, and subject to a satisfactory report from NCPS/EFunds/Chex Systems.

Print Name	Title	Signature	Date
Print Name	Title	Signature	Date
Print Name	Title	Signature	Date
Print Name	Title	Signature	Date



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Part 5: TIN/EIN Certification & Backup Withholding (this must be completed for all accounts)

Under penalty of perjury, I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a US Citizen or other US Person (defined in IRS form W9 General Instructions)

Trust Account Taxpayer ID (TIN/EIN) _____

If this Trust Account is subject to backup withholding, check here:

Print Name _____ Title _____ Signature _____ Date _____

Part 6: UIGEA Certification

In January, 2009, the Department of the Treasury and the Federal Reserve Board issued a joint ruling to prevent unlawful Internet gambling business from utilizing the banking system to process restricted transactions. The Credit Union will not process prohibited restricted transactions and will not open commercial accounts for businesses that engage in or process prohibited restricted transactions.

I hereby certify that I do not engage in an Internet gambling business.

Print Name _____ Title _____ Signature _____ Date _____

Part 7: Funding

A \$5 minimum deposit is required on all new memberships. You may include a check made payable to Signature FCU, or you may provide a credit/debit card number for processing.

- I have included a check of at least \$5 made payable to Signature FCU
- Please charge my credit/debit card and post the funds to my new account in the amount of \$ _____

Credit /Debit Card# _____ Expiration Date _____ CVV# _____

In addition, the following certificate of authority terms are jointly and severely agreed to:

1. The Trust information shown above is the complete and correct name of the Trust. Each trustee warrants that the living trust has been duly formed and currently exists.
2. The trustees signing above are authorized to transact business on behalf of the Trust. Each trustee agrees to notify the Credit Union in writing of any change in authority. The Credit Union may request any other evidence of the trustee's authority at any time.
3. Each trustee certifies and agrees that the Trust's accounts will be governed by the terms set forth in the membership and



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account agreement and account card as amended from time to time.

4. The Credit Union is directed to accept and pay without further inquiry any item, bearing the appropriate number of signatures as indicated above, drawn against any of the Trust's accounts. Unless otherwise indicated, any one trustee is expressly authorized to endorse all items payable to or owned by the Trust for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transactions under the Trust.

5. The authority given to trustees shall remain in force until written notice of revocation is delivered to and received by the Credit Union. Any such notice shall not affect any items in process at the time notice is given. An authorized trustee of the Trust will notify the Credit Union of any change in the Trust's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Trust and the Credit Union before any change occurs. The Credit Union shall have no duty to inquire as to the powers and duties of any trustee and shall have no notice of any breach of fiduciary duties by any trustee unless the Credit Union has notice of wrongdoing.

6. The authorized trustee(s) is/are authorized to receive from the Credit Union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks against or make any transactions related to the account.

7. The Trust and each trustee agree to indemnify and hold the Credit Union harmless of any claim or liability as a result of any unauthorized acts of any trustee or former trustee or acts of any trustee upon which the Credit Union relies prior to notice of any account change or change of Trust. The Trust agrees that the Credit Union shall not be liable for any losses due to the Trustee's failure to notify the Credit Union of such changes.

For Office Use Only

Date Submitted _____ Representative that handled the App _____

New Trust Account Number _____ Date Account was established _____

