

# Deposit Account Contract for a Trust • Part 1



PO Box 618  
 Bridgeport, MI 48722  
 800-772-8728  
 www.unitedfinancialcu.org

<b>OFFICE USE ONLY</b>	Number(s) _____	Trustee 1 Name _____
	_____	DC/ATM _____

## INFORMATION ABOUT THE TRUST

1

Revocable  
 Irrevocable

Title of Account (generally the name that matches the Tax ID Number should come first on this line) \_\_\_\_\_ Date of the Trust \_\_\_\_\_ Tax ID Number for the Acct. \_\_\_\_\_

Grantor \_\_\_\_\_ Grantor \_\_\_\_\_ Grantor \_\_\_\_\_ Grantor \_\_\_\_\_

Full Title of the Trust that the Account is Opened For \_\_\_\_\_

**ACCOUNT(S)**  Savings  Checking  Certificate Account—please send me a receipt/a certificate form 2

**SERVICE(S)**  Debit Card  ATM Card  Virtual Branch  U.S. 24  E-Statements  Net Pay 4

Overdraft  S1  L4  Other \_\_\_\_\_ Pay Overdrafts for:  Checks/ACH  Debit Card/ATM Transactions

## TRUSTEE INFORMATION (You and other people who will use, access, change, add and close the account(s)) 4

**Trustee 1 Name** \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Mailing Address (if different from physical address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License- State, Number & Exp. Date \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_ Mother's Maiden Name/Pass \_\_\_\_\_

**Trustee 2 Name** \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_

Driver's License - State, Number & Exp. Date \_\_\_\_\_ Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_ Mother's Maiden Name/Pass \_\_\_\_\_

**Trustee 3 Name** \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_

Driver's License - State, Number & Exp. Date \_\_\_\_\_ Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_ Mother's Maiden Name/Pass \_\_\_\_\_

## SUCCESSOR TRUSTEE DESIGNATION (Person(s) to receive the funds in the account(s) on proof that the trustee(s) can no longer act as trustee(s) of the trust) 5

<b>Successor Trustee 1</b> _____	Relationship _____	<b>Successor Trustee 2</b> _____	Relationship _____
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**TAX INFORMATION CERTIFICATION:** By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS 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.  I am subject to backup withholding  Exempt  I am not a United States citizen or resident (complete W-8 form) 6

**ACKNOWLEDGEMENT:** The trust and/or trustee(s) identified in Part 1 of this Contract is/are a member(s) or apply/applies for membership pursuant to United Financial Credit Union's (referred to as "we", "us" and "our") bylaws, policies, and this Contract. The trustee(s), grantor(s) and successor trustee(s) (referred to as "you" and "your") request to open the account(s) selected in Part 1 (this form), and acknowledge receiving a copy of Part 2 of this Contract, which includes the Electronic Fund Transfer disclosures, Funds Availability disclosures, Privacy Policy and Rate and Fee disclosures. Part 2 of this Contract has been e-mailed to Trustee 1 if an address was provided, and may be accessed from our website at any time. You promise that the information provided in Part 1 is accurate, and that Part 1 has been completed according to your instructions, as confirmed by your signature(s) below or by using an account or service, or receipt or availability of a statement. You agree we may obtain and use credit and account reports to verify your eligibility for accounts and services we may offer. You understand this Contract governs all your accounts with us, and all transactions on, changes to, closure of and services for all your accounts. You authorize us to rely exclusively on this Contract, and agree we have no obligation to rely on any other documents. You agree we may change this Contract from time to time, and that such changes will be binding on you. You understand you may obtain additional copies of this Contract from us during business hours (and Part 2 from our website at any time), and that you may add, change or close an account, or change, add or terminate services or membership, at any time pursuant to this Contract. To assure consent to and the accuracy of this Contract, you agree that we may require this Part 1 to be notarized or re-completed and re-signed. You affirm that the trust is currently in full force and effect, and that the trust has not been revoked or changed in any manner that would cause any representation in Part 1 to be incorrect. You also affirm that the trust agreement provides you full power to transact any business on behalf of the trust with us, including power to open, conduct transactions, change and close accounts, and does not contain restrictions or limitations of such powers, except as stated in this Contract. If the trust is revocable and we receive any garnishment, levy, or other form of execution against a grantor, or if a grantor owes money to us, you agree we may treat all accounts (and safe deposit boxes) held by or on behalf of the trust as if they were owned by the grantor individually. By signing below, or by using an account or service, you agree to this Contract (Parts 1 & 2). The IRS does not require your consent to any provision of this Contract other than the certification required to avoid backup withholding (in Section 6 above). 7

Trustee 1 Signature \_\_\_\_\_ Trustee 2 Signature \_\_\_\_\_ Trustee 3 Signature \_\_\_\_\_

State of \_\_\_\_\_ in the county of \_\_\_\_\_ Notary \_\_\_\_\_

This Contract was signed before me on \_\_\_\_\_ Commission Expires \_\_\_\_\_

by \_\_\_\_\_  
 Name(s) of Trustee(s)

I agree to be removed as a trustee of this account

<b>OFFICE USE ONLY</b>	CU Employee Name _____	ID Number _____	Date _____	FICO _____	<input type="checkbox"/> Reviewed
	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> C _____				

8