

Trust Account Application and Update Form



A: APPLICATION INFORMATION (Please print)

Trust Account Requested (select one)

- Revocable Trust Irrevocable Trust Testamentary Trust

Name of Trust (First, MI, Last)	Grantor #1 (First, MI, Last)	Grantor #2 (First, MI, Last)
Social Security Number/Tax ID Number or Employee ID Number	Social Security Number/Tax ID Number or Employee ID Number	Social Security Number/Tax ID Number or Employee ID Number

Trust Account Update(s) Requested

If you are becoming a Successor Trustee, provide a notarized copy of the letter waiver from the trustee you are replacing, waiving all duties to the trust or court appointment upon the incapacity of the named trustee. Or if you are becoming a Successor Trustee due to the death of a Trustee(s) provide a certified copy of the death certificate.

- Change to Successor Trustee (must conform to order in existing Trust Account application) Other _____

Account Update(s) Requested

- Change of Address Open Additional Products and Services (Complete Section C)

B: TRUSTEE(S) INFORMATION

PRIMARY TRUSTEE Name (First, MI, Last)			Social Security Number/Tax Identification Number	Birthdate (MM/DD/YYYY)
Residential Address (Cannot be a P.O. box)		City	State	ZIP Code
Home Phone Number	Work Phone Number	Mobile Phone Number*	Email Address	
Full Driver's License or State ID Card Number	State	Other Form of Identification	ID Issue Date (MM/DD/YYYY)	ID Expiration Date (MM/DD/YYYY)
Approximate Annual Income \$	Source of Deposits, if Other than Payroll (i.e., pension, Social Security)		I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non Resident Alien	

How will you use this account? (i.e., savings, primary expenses)

Do you plan to use your account to conduct international transactions such as incoming or outgoing international wires or receive international ACH credits?
 Yes No

Are you or any member of your family a public official?

(Person(s) who are or have been entrusted with prominent public functions, i.e., heads of government, senior politicians, senior government, judicial or military officials)

- Yes No

CO-TRUSTEE #1 Name (First, MI, Last)			Social Security Number/Tax Identification Number	Birthdate (MM/DD/YYYY)
Residential Address (Cannot be a P.O. box)		City	State	ZIP Code
Home Phone Number	Work Phone Number	Mobile Phone Number*	Email Address	
Full Driver's License or State ID Card Number	State	Other Form of Identification	ID Issue Date (MM/DD/YYYY)	ID Expiration Date (MM/DD/YYYY)
Approximate Annual Income \$	Source of Deposits, if Other than Payroll (i.e., pension, Social Security)		I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non Resident Alien	

How will you use this account? (i.e., savings, primary expenses)

Do you plan to use your account to conduct international transactions such as incoming or outgoing international wires or receive international ACH credits?
 Yes No

Are you or any member of your family a public official?

(Person(s) who are or have been entrusted with prominent public functions, i.e., heads of government, senior politicians, senior government, judicial or military officials)

- Yes No

*If you provide a mobile phone number, Northwest has your permission to place calls or text messages, including autodialed and prerecorded message calls, to that number. Message and data rates may apply.

B: TRUSTEE(S) INFORMATION (continued)

CO-TRUSTEE #2 Name (First, MI, Last)			Social Security Number/Tax Identification Number		Birthdate (MM/DD/YYYY)
Residential Address (Cannot be a P.O. box)			City		State
Home Phone Number		Work Phone Number		Mobile Phone Number*	
Email Address					
Full Driver's License or State ID Card Number		State	Other Form of Identification		ID Issue Date (MM/DD/YYYY)
ID Expiration Date (MM/DD/YYYY)					
Approximate Annual Income \$	Source of Deposits, if Other than Payroll (i.e., pension, Social Security)			I am a:	
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non Resident Alien					

How will you use this account? (i.e., savings, primary expenses)

Do you plan to use your account to conduct international transactions such as incoming or outgoing international wires or receive international ACH credits?

Yes No

Are you or any member of your family a public official?

(Person(s) who are or have been entrusted with prominent public functions, i.e., heads of government, senior politicians, senior government, judicial or military officials)

Yes No

*If you provide a mobile phone number, Northwest has your permission to place calls or text messages, including autodialed and prerecorded message calls, to that number. Message and data rates may apply.

C: PRODUCTS/SERVICES DESIRED – Choose your Northwest products and services by checking the appropriate boxes.

<input type="checkbox"/> Primary Savings Account REQUIRED for membership , with a \$1.00 minimum deposit <input type="checkbox"/> ATM Card (ATM/Debit Card available with checking account) <input type="checkbox"/> Checking Account Comes with a FREE ATM/Debit Card unless box is checked: <input type="checkbox"/> <input type="checkbox"/> Dividend Rewards Checking (<input type="checkbox"/> with Rewards Savings) <input type="checkbox"/> Debit Rewards Checking (<input type="checkbox"/> with Rewards Savings) <input type="checkbox"/> Choice Checking <input type="checkbox"/> Elite Checking	Overdraft Protection Select draw account(s) to be used as overdraft source(s) <input type="checkbox"/> Primary Savings Account <input type="checkbox"/> Rewards Savings <input type="checkbox"/> Secondary Savings Account <input type="checkbox"/> Money Market Account	<input type="checkbox"/> Online Banking <input type="checkbox"/> Money Market Account <input type="checkbox"/> Certificate Account(s)
	Member Protection Plan (MPP) <input checked="" type="checkbox"/> Limited MPP (Comes with eligible accounts, form required to opt out) <input type="checkbox"/> Standard MPP (Opt in form is required) If Member Protection Plan is selected, it will be the last overdraft source. Fees apply.	

Current members: Indicate below if you would like to transfer funds from your existing accounts.

<input type="checkbox"/> Savings Account	Account Number	Amount Transferred \$	<input type="checkbox"/> Money Market Account	Account Number	Amount Transferred \$
<input type="checkbox"/> Checking Account	Account Number	Amount Transferred \$	<input type="checkbox"/> Certificate(s)	Account Number(s)	

D: SOCIAL SECURITY NUMBER/TAX IDENTIFICATION NUMBER – Certification and backup withholding information

Under penalties of perjury, I certify that: (1) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) listed on page 1 is my correct taxpayer identification number (or I am waiting for one to be issued); and (2) I am not subject to backup withholding because (a) I am exempt, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) because the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person. For federal 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 a domestic trust (as defined in Regulations section 301.7701-7); and (4) the Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Enter FATCA Code(s) here: _____

I am subject to backup withholding.

Instructions: Certification (2) above does not apply if this box is checked. You must check this box if You have been notified by the IRS that you are currently subject to backup withholding because You have failed to report all interest and dividends on Your tax return.

I am not a U.S. citizen or resident alien (including green card holder); for income tax purposes I must complete a W-8BEN.

Instructions: The certification paragraph above does not apply if this box is checked. You must provide a completed IRS form W-8BEN if this box is checked.

E: HOLD HARMLESS

I/we individually and in our capacity as trustee(s) of the above named trust acknowledge that Northwest has not received a copy of the Trust Document, but, the undersigned agree to provide Northwest with a complete copy of any Trust Document it requests and agree to execute statements that the Trust has not been revoked if requested by Northwest. To the fullest extent allowed by law, I/we agree that Northwest (including its officers, directors, volunteers, employees and agents) shall not be liable for acts or omissions arising out of or related to the opening, administering or otherwise honoring of any transaction on said trust. Further, to the fullest extent allowed by law, the undersigned individually and as a trustee of the above named trust agree to indemnify, defend and hold harmless Northwest against claims, liabilities, demands, suits, causes of actions or proceedings of any kind or nature, losses or damages, including incurred attorneys' fees, and costs of defense whether threatened or actually filed against Northwest.

I/We agree and acknowledge that the Credit Union is exclusively relying on this Trust Account Application and that the Credit Union is not obligated to review or interpret any trust related document, regardless of whether any such document was provided to the Credit Union.

F: SIGNATURE(S) – Please include a clear copy of photo ID.

I/We hereby certify eligibility for membership and make application for membership in and agree to be bound by and conform to the by-laws, rules, regulations and policies now in effect and as amended or adopted in the future by Northwest. I/We authorize Northwest to obtain a consumer credit report in establishing this account or other related financial services as submitted now or in the future. By signing below, I/we certify that all the information on this Application is true and correct under penalty of perjury and agree to and acknowledge receipt of the account agreements and disclosures, including but not limited to the "Account Agreement," "Electronic Services Agreement and Disclosure" and "Wire Transfer Agreement."

I/We certify that this account will not be used to conduct or participate in unlawful Internet gambling under the Federal Reserve Regulation GG (Funding of Unlawful Internet Gambling).

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

Trustee Signature X	Date
Co-Trustee #1 Signature X	Date
Co-Trustee #2 Signature X	Date

CREDIT UNION USE ONLY

Date Submitted	Submitted Via: <input type="checkbox"/> Mail <input type="checkbox"/> Branch <input type="checkbox"/> Fax	Date Accepted	Account Number	X-Ref Account Number
Northwest Representative				Date