

## ***Credit Union Trust Account Application***

Revocable Living Trust

Irrevocable Trust

Testamentary Trust

Account Number: \_\_\_\_\_

Name of Trust (Please print): \_\_\_\_\_

Employee Number: \_\_\_\_\_

Settler's Name: \_\_\_\_\_

Trustee's Name: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Trustee's Address: \_\_\_\_\_

Trustee's Home Telephone: \_\_\_\_\_

Trustee's Work Telephone: \_\_\_\_\_

Beneficiary (ies): \_\_\_\_\_

### **Account Agreement**

According to the afore named Trust agreement, the Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in payment of funds or the transaction of business for this account. The Trustee and Co-Trustee(s) (if any) of this account hereby agree that all sums (now or hereafter) paid into this Credit Union account shall be subject to withdrawal by any of them, and they acknowledge and agree that their signature without their respective designations as "Trustee" or "Co-Trustee" shall be valid signature, and payment to any of them shall be valid and discharge the Credit Union from any liability for such payment. It is further understood that the Credit Union accepts no administrative responsibilities for the Trust other than those spelled out on this account card.

Under penalties of perjury, I certify (1) that the number shown on this form is the correct social security number (SSN) taxpayer identification number (TIN) and (2) that this taxpayer is not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding in opening this account. I/we agree to conform to the by-laws and policies of the Credit Union and subscribe to at least one share. I/We have received and agree to the terms and conditions of the Account Disclosure, Funds Availability, and Fee Schedules.

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

\_\_\_\_\_  
Trustee's Name (please print)

\_\_\_\_\_  
Trustee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Trustee's Name (please print)

\_\_\_\_\_  
Co-Trustee's Signature

\_\_\_\_\_  
Date

### **For Office Use Only**

Member Code \_\_\_\_\_

New    Reop    Chg    Dup

X-Ref. Acct. No./ Prev. Name \_\_\_\_\_

Membership Officer & Date \_\_\_\_\_

## ***Movement of Funds to Your Trust Account***

Member Name: \_\_\_\_\_

Trust Account Number: \_\_\_\_\_

If you would like to move funds from your main account to your newly established Trust Account, please complete the form below, and return it to us at P.O. Box 1229, Herndon VA 20172-9806, ATTN: Trust Department.

Share Account #: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

PSA/MMA #: \_\_\_\_\_

ATM Card(s) number(s): \_\_\_\_\_

Certificate #: \_\_\_\_\_

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Name (please print)

If you have any questions regarding moving funds to your Trust Account, please contact our IRA Specialist at 703-709-8901 or 1-866-709-8901, ext. 6289.