



Trust Account Change Form

If you are becoming a Successor Trustee please provide a notarized copy of the letter of 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) then please provide a certified copy of the death certificate.

Type: Change to Successor Trustee (must conform to order in existing Trust Account Form)
 Other _____

Application Information (please print)

Name of Trust		Date of Trust	
Account Number	Tax Identification Number		
Current Residence (No PO Boxes)	City	State	Zip Code

Successor Trustee #1

Name (First, Middle, Last)		Email Address	
Current Residence (No PO Boxes) (if different from trust address above)	City	State	Zip Code
Date of Birth	Phone	Social Security Number	
Driver's License or Government Issued ID No.	State	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)

Successor Trustee #2

Name (First, Middle, Last)		Email Address	
Current Residence (No PO Boxes) (if different from trust address above)	City	State	Zip Code
Date of Birth	Phone	Social Security Number	
Driver's License or Government Issued ID No.	State	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)

Successor Trustee #3

Name (First, Middle, Last)		Email Address	
Current Residence (No PO Boxes) (if different from trust address above)	City	State	Zip Code
Date of Birth	Phone	Social Security Number	
Driver's License or Government Issued ID No.	State	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)

SSN/Taxpayer Identification Number (TIN)

Under penalties of perjury, I certify that: (1) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) listed above 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 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 FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

I am subject to backup withholding I am not a U.S. person; for income tax purposes I must complete a W-8BEN.

Enter FATCA Code(s) here _____

Hold Harmless

I/we individually and in our capacity as trustee(s) of the above named trust acknowledge that Northwest Federal has not received a copy of the Trust Document, but, the undersigned agree to provide Northwest Federal 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 Federal. To the fullest extent allowed by law, I/we agree that Northwest Federal (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 Federal 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 Federal.

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.

Signatures

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 Federal. I/We authorize Northwest Federal 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 acknowledge receipt of the Account Agreements & Disclosures, Funds Transfer Agreement and Fee Schedule.

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.

Successor Trustee Name

Signature

Date

Successor Co-Trustee or Co-Trustee (if not changed) Name

Signature

Date

Successor Co-Trustee or Co-Trustee (if not changed) Name

Signature

Date

Office Use Only

Date Submitted

Date Accepted

Submitted:

Mail Branch Fax

Date

NWFCU Representative

Date