



Trust Account Application

Revocable Trust
 Irrevocable Trust
 Testamentary Trust

Application Information

Name of Trust	Social Security Number (ITIN) or EIN
Grantor	Social Security Number (ITIN) or EIN
Grantor	Social Security Number (ITIN) or EIN

Trustee Information

Trustee's Name (First, MI, Last, Suffix)			
Current Residence (No P.O. Boxes)		City, State, Zip Code	
Date of Birth (MM/DD/YYYY)	Social Security Number (SSN)	Email Address	
Work Telephone	Home Telephone	Mobile Phone*	
Driver's License or Government Issued ID No.	State	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)

Co-Trustee Information #1

Trustee's Name (First, MI, Last, Suffix)			
Current Residence (No P.O. Boxes)		City, State, Zip Code	
Date of Birth (MM/DD/YYYY)	Social Security Number (SSN)	Email Address	
Work Telephone	Home Telephone	Mobile Phone*	
Driver's License or Government Issued ID No.	State	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)

Co-Trustee Information #2

Trustee's Name (First, MI, Last, Suffix)			
Current Residence (No P.O. Boxes)		City, State, Zip Code	
Date of Birth (MM/DD/YYYY)	Social Security Number (SSN)	Email Address	
Work Telephone	Home Telephone	Mobile Phone*	
Driver's License or Government Issued ID No.	State	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)

Account Options

Options for New Account:

<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market
<input type="checkbox"/> Checking	<input type="checkbox"/> Certificate
<input type="checkbox"/> Choice	<input type="checkbox"/> Online Banking
<input type="checkbox"/> Kasasa Cash®	<input type="checkbox"/> ATM or Debit Card
<input type="checkbox"/> with Kasasa Saver®	<input type="checkbox"/> Standard Member Protection Plan**
<input type="checkbox"/> Elite	<small>(separate form; fee applies)</small>
<input type="checkbox"/> Kasasa Cash Back®	<small>**If member protection plan is selected, it will be the last overdraft source used.</small>
<input type="checkbox"/> with Kasasa Saver®	

Kasasa® accounts are only available on Revocable Living Trust Accounts.

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

Account Type	Account Number(s)	Amount Transferred
Savings Account		\$
Checking Account		\$
Money Market Account		\$
Certificate(s)		

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 agree to 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.

Signature of Trustee	Printed Name	Date (MM/DD/YYYY)
Signature of Co-Trustee #1	Printed Name	Date (MM/DD/YYYY)
Signature of Co-Trustee #2	Printed Name	Date (MM/DD/YYYY)

Office Use Only

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

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