

Custodial Account Application & Update Form



IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **What this means for you:** When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

TO ESTABLISH A CUSTODIAL ACCOUNT:

1. The Custodian or the Minor must be eligible for membership.
2. The dividends earned on the funds in the account are reported to the Internal Revenue Service (IRS) under the Minor's Social Security Number.
3. Please provide a clear copy of the Custodian's photo I.D. with the completed application(s).

A: MINOR'S INFORMATION (Please print)

- New Custodial Account** **Account Update(s) Requested** (select all that apply)
- Name Change Add Additional Custodian (Complete Section B)
- Change of Address Open Additional Products/Services (Complete Section C)

Minor's Name (First, MI, Last)	Minor's Social Security Number	Minor's Birthdate (MM/DD/YYYY)	Minor's Home Phone Number
Minor's Address (Cannot be a P.O. box)	City	State	ZIP Code

B: CUSTODIAN INFORMATION

Primary Custodian's Name (First, MI, Last) (If different from Member)	Primary Custodian's Social Security Number	Primary Custodian's Birthdate (MM/DD/YYYY)		
Primary Custodian's Address (Cannot be a P.O. box)	City	State	ZIP Code	
Primary Custodian's Home Phone Number	Primary Custodian's Work Phone Number	Primary Custodian's Mobile Phone Number*	Primary Custodian's Email Address	
Primary Custodian's Full Driver's License/State ID Card Number	State	ID Issue Date (MM/DD/YYYY)	ID Expiration Date (MM/DD/YYYY)	Primary Custodian's Relationship to Minor
Approximate Annual Income \$	Source of Deposits, if Other than Payroll (i.e., pension, Social Security)			

I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

How will you use this account? (i.e., savings, primary expenses) Yes No

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

I am eligible to join in the following way (i.e., Federally Affiliated, Family, Community Partner or Employer)

Secondary Custodian's Name (First, MI, Last) (If different from Member)	Secondary Custodian's Social Security Number	Secondary Custodian's Birthdate (MM/DD/YYYY)		
Secondary Custodian's Address (Cannot be a P.O. box)	City	State	ZIP Code	
Secondary Custodian's Home Phone Number	Secondary Custodian's Work Phone Number	Secondary Custodian's Mobile Phone Number*	Secondary Custodian's Email Address	
Secondary Custodian's Full Driver's License/State ID Card Number	State	ID Issue Date (MM/DD/YYYY)	ID Expiration Date (MM/DD/YYYY)	Primary Custodian's Relationship to Minor
Approximate Annual Income \$	Source of Deposits, if Other than Payroll (i.e., pension, Social Security)			

I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

How will you use this account? (i.e., savings, primary expenses) Yes No

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

I am eligible to join in the following way (i.e., Federally Affiliated, Family, Community Partner or Employer)

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

D: OPTIONAL DESIGNATION OF SUCCESSOR CUSTODIAN

The custodian has the option of designating a successor custodian who would assume the responsibility of custodian upon the custodian's death, legal incapacitation, or resignation, prior to the minor reaching the age of majority. The person named must be at least 18 years of age. If a successor custodian is not named, the Virginia Uniform Transfers to Minors Act (VUTMA) or the Maryland Uniform Transfers to Minors Act (MUTMA), in accordance with how the agreement is signed, sets forth the manner and procedure for the selection of a successor custodian. **I designate as Successor Custodian:**

Successor Custodian's Name (First, MI, Last)		Successor Custodian's Social Security Number	
Successor Custodian's Address (Cannot be a P.O. box)	City	State	ZIP Code

E: ACCOUNT AGREEMENT

I understand this account is subject to the provisions of the Virginia Uniform Transfers to Minors Act (VUTMA) or Maryland Uniform Transfers to Minors Act (MUTMA) and any amendments thereto, which impose legal duties on me as custodian.

I understand these funds are for the exclusive benefit of the minor and all funds deposited to this account constitute an irrevocable transfer to the Minor; are not for my use or benefit; and may not be pledged as security for any purpose.

I agree that it shall be my responsibility to deliver or pay to the Minor the balance in this account upon the Minor reaching the age of majority, as specified below (Virginia: 18, 21 or 25; Maryland: 21). If I as the Custodian do not take such action, the Minor may request access to the funds upon attaining the age specified below, I direct the Credit Union to pay the entire balance in the account(s) to the beneficiary and the Credit Union will have no further liability with respect to the account(s).

I agree that all accounts established pursuant to this Agreement shall be governed by the Credit Union account agreements and disclosures, including but not limited to the "Account Agreement," "Electronic Services Agreement and Disclosure," "Wire Transfer Agreement," bylaws, and any other rules and regulations as may affect such Agreements, as amended and then in force.

I elect under VUTMA the age of _____ (18, 21 or 25) as the age of majority at which the assets on the custodial account must be distributed or transferred to an account in the single name of the minor.

I acknowledge under MUTMA the age of 21 as the age of majority at which the assets on the custodial account must be distributed or transferred to an account in the single name of the minor.

Primary Custodian's Signature	Date
X	
Secondary Custodian's Signature	Date
X	

F: SIGNATURES – Member must include a clear copy of photo ID.

I hereby make application for a Custodial Account and agree to be bound by and conform to the laws and amendments of the Virginia Uniform Transfers to Minors Act (VUTMA) or Maryland Uniform Transfers to Minors Act (MUTMA), in accordance with how the agreement is signed above, and subscribe for at least one share.

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).

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 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.

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

Primary Custodian's Signature	Date
X	
Secondary Custodian's Signature	Date
X	

CREDIT UNION USE ONLY

<input type="checkbox"/> New <input type="checkbox"/> Reopen	CU Representative	Branch	Date
Custodial Account Number	Money Market Account Number	ATM/Debit Card Number	<input type="checkbox"/> X-Ref Account Number