



Account # \_\_\_\_\_

### FIDUCIARY ACCOUNT SIGNATURE CARD

In this signature card, the words "I", "me", and "my" mean each person who signs on reverse. "You" and "your" mean the Credit Union, except in the Request for taxpayer Identification Number section in which those words mean the individual who signs the certificate.

#### 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 me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

#### Account Information

##### Type of Fiduciary:

Administrator     Guardian     Custodian     Other:

##### Check one:

Account Blocked     Account Not Blocked    If the account is Blocked, I must complete a **Blocked Account Application and Agreement**

##### Account Title:

##### Name of Fiduciary:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: (if different from above) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer Phone: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Person Establishing Account

##### Name of person Establishing Account: (1)

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Title: \_\_\_\_\_  Add     Remove     Retain

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer Phone: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

##### Name of person Establishing Account: (2)

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Title: \_\_\_\_\_  Add     Remove     Retain

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer Phone: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Successor Custodian/Successor Trustee**

**Name of Successor Custodian/Successor Trustee: (1)**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Title: \_\_\_\_\_  Add  Remove  Retain

**Name of Successor Custodian/Successor Trustee: (2)**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Title: \_\_\_\_\_  Add  Remove  Retain

**Terms and Conditions**

If I currently am not a member of the Credit Union, I hereby make application for membership in the Credit Union and certify that I am within the Credit Union's field of membership. I agree to conform to your by laws as well as all applicable terms and conditions set forth in the Account Agreement and Truth-in-Savings Disclosure (receipt of which is hereby acknowledged and which is incorporated by this reference.) I authorize you to gather whatever credit, account, and employment information you consider appropriate from time to time. I understand that this will assist you, for example, in determining my initial and ongoing eligibility for my Accounts and/or in connection with making future credit opportunities available to me. I authorize you to give information concerning your credit experience with me to others. I understand and agree that this Signature Card shall only govern the Account set forth above. I will execute additional signature card(s) to open other account(s) with you.

**Request For Taxpayer Identification Number**

**Part I: Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see Part 1 of "Specific Instruction" to Payer's Request for Taxpayer Identification Number and Certification in Instructions to IRS Form W-9.** For other entities, it is your Employer Identification Number (EIN). If you do not have a number, see **How to get a TIN** in "Specific Instructions," Part 1.

**SOCIAL SECURITY NUMBER**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

OR

**EMPLOYER IDENTIFICATION NUMBER**

\_\_\_\_ - \_\_\_\_\_

**Note:** If the account is in more than one name, see the chart in the Instructions to IRS Form W-9 for guidelines on "What Name and Number to Give the Requestor."

**Part II: Certification**

By signing below, you certify under the penalties of perjury, that:

1. The number shown on this form is your correct Taxpayer Identification Number (or you are waiting for a number to be issued to you); and
2. You are not subject to backup withholding because : (a) you are exempt from backup withholding; or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified you that you are no longer subject to backup withholding; and
3. You are a U.S. person (including a U.S. resident alien).

**Certification Instructions.** Cross out **item 2** above if you have been notified by the IRS that you currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

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

**AUTHORIZED SIGNATURE OF U.S PERSON:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_