



This area for credit union use only.

Trust record # \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_

## TRUST APPLICATION AND ACCOUNT AGREEMENT

Required if you are opening a new trust account or making any change to existing trust accounts.

1. Select your Accounts section. Choose the accounts you wish to open or make a change.
2. Trust Information section. Complete the trust information, including Trustors, Trustees, Successor Trustees, and Beneficiaries, and their information.
3. Signature section. Trustee's signature is required.

Trust Record # \_\_\_\_\_

### Select your Accounts

New  Change

- Savings  Christmas Club (maximum \$20,000)  Vacation Club (maximum \$20,000)  Basic Checking  Secure Checking
- Money Market (minimum \$2,500)  Money Market Plus (minimum \$25,000)  Term Share Certificate (minimum \$1,000) Term \_\_\_\_\_ Issue checks for:  Checking Account (Ordered Upon Request)

### Trust Information

I/We, \_\_\_\_\_, being of legal age, certify under penalty of perjury that: I/We am/are presently serving as Trustee(s) of the following described Trust:

Manner in which title to trust assets is to be taken (Name of Trust): \_\_\_\_\_

Date of Trust: \_\_\_\_\_ Trust Tax ID #: \_\_\_\_\_

Trustor #1: _____	Date of Birth _____	
Trustor #2: _____	Date of Birth _____	
Trustee #1: _____	Date of Birth _____	<input type="checkbox"/> ATM/Debit
Trustee #2: _____	Date of Birth _____	<input type="checkbox"/> ATM/Debit
Successor Trustee #1: _____	Date of Birth _____	
Successor Trustee #2: _____	Date of Birth _____	
Beneficiary #1: _____	Date of Birth _____	
Beneficiary #2: _____	Date of Birth _____	

For additional Trustees/Successor Trustees/Beneficiaries, complete another Trust Account Agreement form

The Trust is:  Revocable (the Trustor(s) is/are a member(s) of the Credit Union.)  Irrevocable (either all of the Trustors or all the Beneficiaries are members of the Credit Union.)  
 If revocable, the names of all persons who have the power to revoke, terminate or amend the Trust are: \_\_\_\_\_

### Agreement and Authorization, Terms and Conditions

1. Opening or changing an account. I/We request that ACCU open the account(s) or make the change(s) described above. I/We acknowledge receipt of the following disclosures. Important Account Information for our Members: Terms and conditions, Electronic transfers, Funds Availability, and Truth in Savings, Electronic Records Disclosure and Agreement, and Privacy Policy disclosure to Members. These disclosures are incorporated herein by reference and by which this account is governed. I/We acknowledge and agree that all accounts at ACCU are subject to any and all rules, regulations, bylaws and policies of the Credit Union and its Board of Directors now in effect and as amended or adopted hereafter. Multiple signatures indicate this is a joint account with Right of Survivorship. I/We understand that an attorney should be consulted regarding the validity of any person's survivorship rights to any funds in this account or the fitness of the account or agreement for any particular purpose.
2. Tax Reporting. Name and social security number on line 1 will be used for tax reporting.
3. Credit History. I/We authorize ACCU to check my/our credit and employment history, to obtain credit reports, and to answer questions about my/our credit experience with ACCU.
4. ATM/Debit VISA Debit Card. If I/we have placed a checkmark in the box next to "ATM/Debit" or "ATM only" adjacent to our name(s) above, by our signature(s) below, I/we apply for and request ACCU issue an ACCU ATM/Debit or ATM only card. If a card is issued to me/us, by using the card, I/We acknowledge receipt of and agree to be bound by the Credit Union's Electronic Funds Transfer Agreement and Disclosures which govern the use of the card(s).
5. Security Interest. I/We acknowledge and agree that, as condition for the issuance of an ACCU ATM/Debit or ATM only card, I/we grant ACCU a security interest in the shares and deposits in all joint and single party accounts, as described in the Terms and Conditions, in which we have interest.
6. Overdraft Protection. Subject to the provisions of the Terms and Conditions, if any action is taken with regard to my/our checking account results in the account becoming overdrawn, I/we authorize ACCU to make a transfer from the following account, in the order specified, together with any related fees: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_
7. POD (Payable on Death). I/We agree that the person(s) named below is/are designated as POD payee(s). On the death of the last of us to survive, ownership of the account passes to the POD payee(s). I/We understand that an attorney should be consulted regarding the validity of any person's survivorship rights to any funds in the account, the validity of any POD designation, or the fitness of this account or agreement for any particular purpose.

### Signatures

By signing below, the undersigned has applied for the accounts & services listed above with the credit union; agrees to its by-laws and the Terms and Conditions of any approved account, as amended from time to time; and authorizes the credit union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certifies that the information provided on this Application is true and correct, and that the terms on the Application apply to all accounts held by the undersigned, as trustee(s), at this credit union. By signing below, the undersigned acknowledges receipt of the named disclosures and the Terms and Conditions that apply to any approved account.

1. Trustee's Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Trustee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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 Approved By \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_