

TRUST ACCOUNT APPLICATION

Please mail to:

Oakland University Credit Union 3777 West Road • PO Box 1208 East Lansing, MI 48826-1208

REQUIREMENTS TO OPEN A TRUST ACCOUNT

To establish an account with OU Credit Union, each Grantor/Settlor (or all Trust beneficiaries) are required to maintain a primary membership on a personal account. You must furnish a notarized copy of the Certificate of Trust, which needs to define banking powers, indicate all Trustee(s) can act independently, and list all beneficiaries of the trust. All Trustees listed within the Trust Agreement must be on this Trust Account. We do not accept Testamentary, Charitable, or Investment Trust accounts or Trusts that list a Financial Institution as a Trustee.

ACCOUNT #			A \$5.00 minimum d	deposit int	o your Griz	zly Saver i	s required to	o open ye	our acco	unt.
SECTION A - ELIGIBILI	TY		□ New Account □ Add/				•			
Do all Grantors/Settlors or all trust I ☐ Yes (Account number(s) ☐ No	beneficiaries have prim	nary memberships w	with OU Credit Union?							
SECTION B		Al	PPLICANT INFORI	MATION						
Trust Information										
Name of Trust, as stated on the Ce	ertificate of Trust			Date of Trust	:			SSN/EI	N	
Mailing Address Street/Apt. or PO	Вох				City				State	ZIP Code
Trustee #1 Information Citiz	enship Status 🗆 U.S	. Citizen □ Resi	ident Alien (permanent re	esident)	Nonresid	ent Alien	(temporary	/ reside	nt)	
Name First Middle	Last	Phys	vsical Address – Street/Apt.	□ Own □	Rent	City			State	ZIP Code
Mailing Address (If different than p	hysical address) – Stre	eet/Apt. or PO Box			City	'			State	ZIP Code
Mobile Phone*		Other Phone*					Mother's Ma	aiden Na	me	
Date of Birth	Social Security No.	Driv	ver's License/Passport or O	ther Docume	entation/ID		State of Issu	ue Date	e of Expi	ration
Email Address*		Emp	ployer/Previous Employer				Date Employ	yed		
Occupation		Emp	ployment Status			Monthly (Gross Incom	ie		
<u>Trustee #2 Information</u> Citiz	enship Status 🛭 U.S	6. Citizen 🗆 Resi	ident Alien (permanent re	esident)	Nonresid	ent Alien	(temporary	y reside	nt)	
Trustee #2 Information Citiz Name First Middle	Last		ident Alien (permanent re ysical Address – Street/Apt.			City	(temporary	y reside	State	ZIP Code
	Last	Phy					(temporary	y reside		ZIP Code
Name First Middle	Last	Phy			Rent		(temporary		State State	
Name First Middle Mailing Address (If different than p	Last	Phy eet/Apt. or PO Box Other Phone*		. 🗖 Own 🗓	Rent	City		laiden Na	State State	ZIP Code
Name First Middle Mailing Address (If different than p Mobile Phone*	Last hysical address) – Stre	Phy eet/Apt. or PO Box Other Phone*	ysical Address – Street/Apt.	. 🗖 Own 🗓	Rent	City	Mother's M	laiden Na	State State ame	ZIP Code
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Name First Middle Mailing Address (If different than p Mobile Phone* Date of Birth Email Address* Occupation	Last hysical address) – Stre	Phy eet/Apt. or PO Box Other Phone* Em Em	ysical Address – Street/Apt. iver's License/Passport or Comployer/Previous Employer inployment Status	Other Docum	Rent City entation/ID	City	Mother's M State of Iss Date Emplo Gross Incom	laiden Na sue Da' oyed	State State ame	ZIP Code
Name First Middle Mailing Address (If different than p Mobile Phone* Date of Birth Email Address* Occupation Trustee #3 Information Citize	Last hysical address) – Stre Social Security No. enship Status □ U.S Last	Physical Phy	ysical Address – Street/Apt. iver's License/Passport or Comployer/Previous Employer inployment Status dent Alien (permanent recommend)	Other Docum	Rent City entation/ID	City Monthly	Mother's M State of Iss Date Emplo Gross Incom	laiden Na sue Da' oyed	State State ame te of Exp	ZIP Code
Name First Middle Mailing Address (If different than p Mobile Phone* Date of Birth Email Address* Occupation Trustee #3 Information Citize Name First Middle	Last hysical address) – Stre Social Security No. enship Status □ U.S Last	Physical Phy	ysical Address – Street/Apt. iver's License/Passport or Comployer/Previous Employer inployment Status dent Alien (permanent recommend)	Other Docum	Rent City entation/ID Nonreside	City Monthly	Mother's M State of Iss Date Emplo Gross Incom	laiden Na sue Dar oyed ne	State State State And State State State State	ZIP Code iration ZIP Code
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*You authorize us to contact you, including by electronic or automated means, such as emails, autodialed and prerecorded calls, and text messages.

ACCOUNT SERVICE SELECTION

By checking below, I/we agree to apply for/request the selected services:

Checking Options	Savings Option	s			
24/7 access, free ATM access, free Bill Payment, direct deposit, and eStatements	■ Savings Builder sM — Reverse-tiered account (lower balances ea higher dividends). Checking account required.				
TOTALLY GOLD CHECKING ACCOUNT Please note: Totally Gold Checking requires a Visa Debit Card, eStatements/eNotices, ComputerLine® access, and direct deposit if available. To consent to receiving eStatements, eNotices, and other electronic correspondence, you will need to log in to your account via ComputerLine or the mobile app and follow the prompts. If you do not complete your consent within 45 days, or if you decline eStatements or eNotices, your	dividends on balance Certificate (check a	ragement Account (IMMA) — Earn higher es over \$2,000. Fall terms that apply) — Earn fixed dividends craditional savings accounts.			
Totally Gold Checking will be converted to a Classic Checking.	☐ 6 months	☐ 3 years			
☐ Classic Checking Account — Paper statements ☐ Money Market Checking Account — Earn dividends, paper statements	1 year	☐ 4 years ☐ 5 years			
☐ Debit Card —# of Visa Debit Cards					
SECTION D MEMBERSHIP AND A	ACCOUNT AGREEMENT				
IRS Certification: I certify under penalty of perjury that: (1) the Taxpayer Identification Number (Social scitizen or other U.S. person (including a U.S. resident alien); (3) I am not subject to backup withholding be backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me	cause (a) I am exempt from backup withh	olding, or (b) I have not been notified by the IRS that I am subjec			
By signing below, I/we hereby apply for an OUCU Trust Account in my/our name(s) as Trustee(s) for the I Credit Union ("Credit Union"), operating under the trade name Oakland University Credit Union. By signir and Disclosures (which consist of the Membership and Account Agreement, the Electronic Funds Trans Agreement, the Truth in Savings and Funds Availability Disclosure, the Certificate and IRA/HSA IMMA Di conditions applicable to each account or service that I/we open concurrently with this application, and I the terms and conditions of any other account or service that I/we may later open. If I/we are provided to Agreement that will be provided to me/us and I/we will evidence my/our agreement to the conditions co and/or all the trust beneficiaries are members of the Credit Union. I/We hereby authorize the Credit Unior credit experience with me/us. I/We specifically authorize the Credit Union to access our credit reports, of this application and determine whether I/we qualify for other products and services the Credit Union minformation pertaining to my/our past and present financial status and any action pending or taken again	ng this document, I/we further acknowled fer and Payment Services Agreement ar isclosure, the Schedule of Service Charg I/we agree to be bound by those terms. I/ debit card(s), I/we acknowledge that I/we ntained therein by my/our use of any card on to check my/our credit and employme redit scores, and other financial history ay offer me/us. I/We hereby authorize the	dge that I/we will be provided a copy of the Account Agreements and Disclosure, the Electronic Correspondence Disclosure and es, and the Privacy Policy) and all other disclosed terms and We further understand and agree that I/we shall be bound by will read and maintain for my/our records the Visa Debit Card d. With this application, I/we certify that the Grantor(s)/Settlor(s) and I/we consent to the use of such information to process release, by my/our Credit Union records custodian(s), of any			
I/We hereby affirm that the authority to establish a Trust Account has been granted pursuant to a legally agreement. I/We agree that the terms of the Legal Trust agreement will be binding and that I/we assume relates to this account. I/We hereby agree that all Trustee(s) can act independently in regard to this account.	e responsibility for notifying Oakland Univ				
Oakland University Credit Union, OU Credit Union, is a trade name of Michigan State University Federal Union. Your legal documents and Federal Reserve transactions will be listed in your account as MSUFCL		s the legal entity behind both brands, MSUFCU and OU Credit			
IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT To help the government fight the funding of terrorism and money laundering activities, Federal law requ an account. What this means for you: When you open an account, we will ask you for your name, addres or other identifying documents.					
The Internal Revenue Service does not require your consent to any provision of this document of	other than the certifications required	to avoid backup withholding.			
Trustee #1 Signature	Trustee of the Trust identified in Section	B above Date			
Trustee #1 Signature •,					
Trustee #1 Signature	, Trustee of the Trust identified in Section	B above Date			

713 OU 7/23

FOR OFFICE USE ONLY					
☐ Membership approval	Date Account opened by (Employee ID #)	NCUA Federally insure			
Bute approved	7.000ditt opened by (Employee ID #)	by NCUA			