

Certificate of Trust

OU Credit Union Account Number:



Pursuant to Michigan law, neither Oakland University Credit Union nor Michigan State University Federal Credit Union are or will be liable to any person when acting in reliance upon the facts contained in this Certificate of Trust.

The undersigned, being duly sworn, is executing this Certificate of Trust as:

☐ Settlor (The Settlor is the individual(s) who establishes the Trust. Settlor can also act as Trustee.)

☐ Trustee (The Trustee is the individual(s) responsible for administering the trust.)

and states that:

1. The name of the Trust is _____.

2. The date the Trust was established is _____.

3. The Trust ☐ HAS or ☐ HAS NOT been amended. If the Trust has been amended, the title and date of the amendment is _____.

List individual(s) with the authority to revoke this trust: _____.

4. The Trust has not been revoked, modified, or amended in any manner that would cause the representation contained in this certificate to be incorrect.

5. This Trust is a: ☐ Revocable or ☐ Irrevocable Trust.

6. Under the terms of the Trust, the Trustee(s) have the following powers:

YES NO

☐ ☐ Open and maintain deposit accounts with a financial institution.

☐ ☐ Endorse negotiable instruments, make deposits, and make withdrawals.

☐ ☐ Open and maintain lines of credit with a financial institution.

☐ ☐ Execute loan documents and pledge personal property.

☐ ☐ Mortgage real property. Trustee may sign, foreclose, or release any mortgage or security agreements.

☐ ☐ Authorize an Agent of my Power of Attorney (POA) to act on my behalf.

☐ ☐ Exercise all powers as listed in the trust and within this Certificate of Trust independently and individually.

7. I will keep OU Credit Union informed of any change to the Trustee(s) of the Trust or to the terms of the Trust that would affect the powers of the Trustee(s) in regard to any accounts, loans, or other financial transactions with OU Credit Union.

8. OU Credit Union may at any time require the Trustee(s) to furnish copies of those excerpts from the original Trust instrument and later amendments that designate the Trustee(s) and confer upon the Trustee(s) the power to act in a pending transaction.

9. OU Credit Union may assume without inquiry the existence of the facts contained in this Certificate of Trust.

10. Reproductions of this executed original (with reproduced signatures) shall be deemed to be original counterparts of this certificate.

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OU Credit Union Account Number:



Section A — Grantor's Information

1st Grantor's Name	First	Middle	Last	Address – Street & Apt.	City	State	ZIP Code
Mobile Phone				Other Phone	Date of Birth		
2nd Grantor's Name	First	Middle	Last	Address – Street & Apt.	City	State	ZIP Code
Mobile Phone				Other Phone	Date of Birth		

Section B — Trustee's Information

1st Trustee's Name	First	Middle	Last	Address – Street & Apt.	City	State	ZIP Code
Mobile Phone				Other Phone	Date of Birth		
2nd Trustee's Name	First	Middle	Last	Address – Street & Apt.	City	State	ZIP Code
Mobile Phone				Other Phone	Date of Birth		
3rd Trustee's Name	First	Middle	Last	Address – Street & Apt.	City	State	ZIP Code
Mobile Phone				Other Phone	Date of Birth		

Section C — Successor Trustee's Information

1st Successor Trustee's Name	First	Middle	Last	Address – Street & Apt.	City	State	ZIP Code
Mobile Phone				Other Phone	Date of Birth		
2nd Successor Trustee's Name	First	Middle	Last	Address – Street & Apt.	City	State	ZIP Code
Mobile Phone				Other Phone	Date of Birth		
3rd Successor Trustee's Name	First	Middle	Last	Address – Street & Apt.	City	State	ZIP Code
Mobile Phone				Other Phone	Date of Birth		

Section D — Trustee Beneficiary Information -

In order to qualify the account for membership, Trust Beneficiary information is required.

1st Trustee Beneficiary's Name	First	Middle	Last	Address – Street & Apt.	City	State	ZIP Code
Mobile Phone				Other Phone	Date of Birth		
2nd Trustee Beneficiary's Name	First	Middle	Last	Address – Street & Apt.	City	State	ZIP Code
Mobile Phone				Other Phone	Date of Birth		
3rd Trustee Beneficiary's Name	First	Middle	Last	Address – Street & Apt.	City	State	ZIP Code
Mobile Phone				Other Phone	Date of Birth		
4th Trustee Beneficiary's Name	First	Middle	Last	Address – Street & Apt.	City	State	ZIP Code
Mobile Phone				Other Phone	Date of Birth		

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Signatures

I (We) swear that the statements in this Certificate of Trust are true.

Signature of Trustee #1

_____, 20____
Date

Signature of Trustee #2

_____, 20____
Date

Signature of Trustee #3

_____, 20____
Date

STATE OF MICHIGAN, _____ COUNTY

Signed and sworn to before me in _____ County, Michigan on _____, 20____.

Notary Public Signature

My commission expires _____, 20____.