

ACCOUNT #

CUSTODIAL ACCOUNT APPLICATION

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

REQUIREMENTS TO OPEN A CUSTODIAL ACCOUNT:

The Michigan Uniform Transfer to Minors Act (UTMA) account is created by a custodian who deposits funds as an irrevocable gift to a minor. A custodian is defined as an individual 18 years of age or older wishing to manage and invest funds for the minor's behalf until the minor reaches the age of majority. Minors are required to have a primary OU Credit Union account before a custodial account can be established. The minor's Taxpayer Identification Number (TIN) must be provided on the application.

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SECTION B								
Citizenship Status □ L Minor's Name First		-	ent) • Nonresident Alical Address - Street/Apt.		City	C	tate	ZIP Code
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1obile Phone*	Other Phone*		Email Address*		Mothe	er's Maiden Name		
Oate of Birth	Social Security No./TIN		Driver's License/Pa	assport or Other Docum	entation/ID	State of Issue	Date	of Expiration
	Citizenship Status □ U.S		t Alien (permanent resid					T71D 0 1
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ate of Birth	Social Security No.	No./TIN Driver's License/Passport or Other Documentation/ID State			State of Issue Date of Expiration			
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You authorize us to c	ontact you, including by el	ectronic or automate	ed means such as ema	ils autodialed and pr	erecorded o	alls and text m		201
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☐ 3 months	☐ 1 Year	3 Years						
	☐ 1 Year ☐ 1 Year Add-On	☐ 3 Years ☐ 4 Years						

SECTION D

CERTIFICATION OF MINOR'S SOCIAL SECURITY NUMBER

IRS Certification: I certify under penalty of perjury that: (1) the Taxpayer Identification Number (Social Security number) in Section B of this document is correct; (2) I am a U.S. citizen or other U.S. person (including a U.S. resident alien); (3) I am not subject to backup withholding because (a) I am exempt from backup withholding, 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) the IRS has notified me that I am no longer subject to backup withholding. Please cross out any section that does not apply.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. , as Custodian of the minor identified in Section B above Custodian's Signature Date **MEMBERSHIP AND ACCOUNT AGREEMENT SECTION E** , custodian of certain funds of , a minor, hereby apply for a custodian account in the following name: custodian as custodian for a minor under the Michigan Uniform Transfers to Minors Act. The authority of the custodian shall cease, and the minor shall receive full control of the account, when the minor reaches the age of years. (Insert 18, 19, 20, or 21. If blank, 18 shall apply.) By signing below, I hereby apply for an OU Credit Union Custodial Account, agree to conform to the laws and amendments of the Michigan Uniform Transfers to Minors Act, and agree to abide by the bylaws and amendments of Michigan State University Federal Credit Union ("Credit Union"). I expressly provide that I, as Custodian, will deliver, convey, or transfer to the Minor any funds on deposit in the custodial account. By signing this document, I acknowledge that I will be provided a copy of the Account Agreements and Disclosures (which consist of the Membership and Account Agreement, the Electronic Funds Transfer and Payment Services Agreement and Disclosure, the Electronic Correspondence Disclosure and Agreement, the Truth in Savings and Funds Availability Disclosure, the Certificate Disclosure, the Schedule of Service Charges, and the Privacy Notice) and all other disclosed terms and conditions applicable to each account or service that I open concurrently with this application, and I agree to be bound by those terms, as amended. I further understand and agree that I shall be bound by the terms and conditions of any other account or service I may later open. I hereby authorize the Credit Union to check my credit and employment history and to answer questions about the Credit Union's credit experience with me. I specifically authorize the Credit Union to access my credit report, credit score, and other financial history and I consent to the use of such information to process this application and determine whether I qualify for other products and services the Credit Union may offer me. I hereby authorize the release, by my Credit Union records custodian(s), of any information pertaining to my past and present financial status and any action pending or taken against me in the past. I authorize the receipt and exchange of credit information. Oakland University Credit Union, OU Credit Union, is a trade name of Michigan State University Federal Credit Union (MSUFCU). MSUFCU remains the legal entity behind both brands, MSUFCU and OU Credit Union. Your legal documents and Federal Reserve transactions will be listed in your account as MSUFCU. 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 ask for your driver's license or other identifying documents. Custodian's Signature -, as Custodian of the minor identified in Section B above Date **DESIGNATION OF SUCCESSOR CUSTODIAN SECTION F** In the event of my resignation, death, or legal incapacity, I designate as successor custodian, such appointment to take effect upon the occurrence of such event. , as Custodian of the minor identified in Section B above Custodian's Signature Date **Successor Custodian Information** Successor Name Email Address* First Middle Last Mailing Address - Street/Apt. or PO Box City State ZIP Code Other Phone* Social Security No./TIN Mobile Phone* Date of Birth

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FOR O	FFICE USE ONLY	
☐ Membership approval	Date	The stray time a sear to be below. INCUA MINISTRATE OF THE STRAY OF
Date approved	Account opened by (Employee ID #)	Federally insured by NCUA