OAKLAND UNIVERSITY Credit Union

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 Transfers to Minors Act (UTMA) A Uniform Transfers to Minors Act 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 tax identification number must be provided on the application.

ACCOUNT # _____

A **$5.00 minimum deposit** into your Grizzly Saver is required to open your account.

SECTION A - ELIGIBILITY

Does the minor child have a primary OU Credit Union account? ❑ Yes (Account number _____) ❑ No

SECTION B APPLICANT INFORMATION

Citizenship Status ❑ U.S. Citizen ❑ Resident Alien (permanent resident) ❑ Nonresident Alien (temporary resident)

Minor's Name First Middle Last	Physical Address – Street/Apt. ❑ Own ❑ Rent	City	State	ZIP Code

Mailing Address (If different than physical address) – Street/Apt. or PO Box	City	State	ZIP Code

Mobile Phone*	Other Phone*	Email Address*	Mother's Maiden Name

Date of Birth	Social Security No.	Driver's License/Passport or Other Documentation/ID	State of Issue	Date of Expiration

Custodian Information Citizenship Status ❑ U.S. Citizen ❑ Resident Alien (permanent resident) ❑ Nonresident Alien (temporary resident)

Name First Middle Last	Physical Address – Street/Apt. ❑ Own ❑ Rent	City	State	ZIP Code

Mailing Address (If different than physical address) – Street/Apt. or PO Box	City	State	ZIP Code

Mobile Phone*	Other Phone*	Mother's Maiden Name

Date of Birth	Social Security No.	Driver's License/Passport or Other Documentation/ID	State of Issue	Date of Expiration

Email Address*	Employer/Previous Employer	Date Employed

Occupation	Employment Status	Monthly Gross Income

*You authorize us to contact you, including by electronic or automated means such as emails, autodialed and prerecorded calls, and text messages.

SECTION C ACCOUNT SERVICE SELECTION

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

Savings Options

❑ **Insured Money Management Account (IMMA)** — Earn higher dividends on balances over $2,000.00.

❑ **Certificate (circle all terms that apply)** — Earn fixed dividends that are higher than traditional savings accounts.

3 months	**2 years**
6 months	**3 years**
1 year	**4 years**
1-Year Add-On	**5 years**
3-60 months (designate term ____)	

SECTION D CERTIFICATION OF MINOR'S SOCIAL SECURITY NUMBER

IRS Certification: I certify under penalty of perjury that: (1) the number identified as the TIN in Section B above is the correct taxpayer identification number (Social Security Number); (2) I am a U.S. citizen or other U.S. person; (3) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been informed 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.

Custodian's Signature ➧ _____, as Custodian of the minor identified in Section B above Date _____

SECTION E MEMBERSHIP AND ACCOUNT AGREEMENT

I,_____, custodian of certain funds of _____, a minor, hereby apply for a custodian account in the following name: _____
custodian minor

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 Oakland University 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 and all other disclosed terms and conditions applicable to each account or service that I open concurrently with this application and agree to be bound by those terms. 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, 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 receipts 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 _____

SECTION F DESIGNATION OF SUCCESSOR CUSTODIAN

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.

Custodian's Signature ➧ _____, as Custodian of the minor identified in Section B above Date _____

Successor Custodian Information

Successor Name First Middle Last	Email Address*			
Mailing Address – Street/Apt. or PO Box		City	State	ZIP Code
Mobile Phone*	Other Phone*	Date of Birth	Social Security Number	

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FOR OFFICE USE ONLY

❑ Membership approval _____ Date _____

Date approved _____ Account opened by (Employee ID #) _____

NCUA
Federally insured by NCUA