



TRUST ACCOUNT APPLICATION

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

REQUIREMENTS TO OPEN A TRUST ACCOUNT

To establish an account with Michigan State University Federal Credit Union (MSUFCU), 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 defines banking powers and indicates all Trustee(s) can act independently. 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 deposit** into your Spartan Saver is required to open your account.

SECTION A - ELIGIBILITY

New Account Add/Remove Trustee Add Checking Account

Do all Grantors/Settlers or all trust beneficiaries have primary memberships with MSUFCU?

- Yes (Account number(s) _____)
 No

SECTION B

APPLICANT INFORMATION

Trust Information

Name of Trust, as stated on the Certificate of Trust			Date of Trust		EIN	
Mailing Address Street/Apt. or PO Box				City		State ZIP Code

Trustee #1 Information Citizenship Status U.S. Citizen Resident Alien (permanent resident) Nonresident Alien (temporary resident)

Name First Middle Last			Physical Address – Street/Apt. <input type="checkbox"/> Own <input type="checkbox"/> 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	

Trustee #2 Information Citizenship Status U.S. Citizen Resident Alien (permanent resident) Nonresident Alien (temporary resident)

Name First Middle Last			Physical Address – Street/Apt. <input type="checkbox"/> Own <input type="checkbox"/> 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	

Trustee #3 Information Citizenship Status U.S. Citizen Resident Alien (permanent resident) Nonresident Alien (temporary resident)

Name First Middle Last			Physical Address – Street/Apt. <input type="checkbox"/> Own <input type="checkbox"/> 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/we agree to apply for/request the selected services:

Checking Options

24/7 access, free ATM access, free Bill Payment, direct deposit, eStatements, and quarterly FICO® Scores.

TOTALLY GREEN CHECKING ACCOUNT

Please note: Totally Green Checking requires Visa Debit Card, eStatements/eNotices, ComputerLine® access, and direct deposit if available. By selecting Totally Green Checking, I/we also select eStatements as my/our official account statement and agree that the eStatement notification will be sent to the email address noted on page 1 of this application. I/we agree to open and read the eStatement disclosure and confirmation that will be sent to the email address on page 1 of the application.

Classic Checking Account — Paper statements

Money Market Checking Account —

Earn dividends, paper statements

Debit Card — # of Visa Debit Cards _____

*FICO is a registered trademark of Fair Isaac Corporation in the United States and other countries.

Savings Options

Savings Builder™ — Reverse-tiered account (lower balances earn higher dividends). Checking account required.

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 options.

3 months **2 years**

6 months **3 years**

1 year **4 years**

1-Year Add-On **5 years**

3-60 months (designate term _____)

Services

eStatements

Visa eStatements

Payment eNotices

Transaction eNotices

SECTION D

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

I certify under penalty of perjury that I am a U.S. Person (including a U.S. resident alien) the Taxpayer Identification Number (Social Security Number or EIN) given is correct, that I have not been notified by the IRS that I under-reported or failed to report interest or that the IRS has notified me that I am no longer subject to backup withholding. Please cross out any sections that do not apply.

Trustee Signature _____

Date _____

SECTION E

MEMBERSHIP AND ACCOUNT AGREEMENT

By signing below, I/we acknowledge receipt of and agree to all terms and conditions in the Account Agreement and Disclosures and all other disclosed terms and conditions of all accounts and services that I/we may receive at MSUFUCU. I/We hereby apply for a Trust Account at MSUFUCU in my/our name(s) as Trustee(s) for the Legal Trust. With this application, I/we certify that the Grantor(s)/Settlor(s) and/or all the trust beneficiaries are members of MSUFUCU. I/We hereby authorize the Credit Union to check my/our credit and employment history(ies) and to answer questions about the Credit Union's credit experience with me/us. I specifically authorize the Credit Union to access our credit reports, credit scores and other financial history and I consent to the use of such information to process this application and determine whether I/we qualify for other products and services the Credit Union may offer me/us. I hereby authorize the release, by my Credit Union records custodian, of any information pertaining to my/our past and present financial status and any action pending or taken against me/us in the past. The undersigned authorizes the receipts and exchange of credit information.

I/We hereby affirm that the authority to establish a Trust Account has been granted pursuant to a legally binding Trust agreement as evidenced by the Certificate of Trust, which accompanies this application and agreement. I/We agree that the terms of the Legal Trust agreement will be binding and that I/we assume responsibility for notifying MSUFUCU of any changes to the Trust agreement as it relates to this account.

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.

Trustee #1 Signature _____

Date _____

Trustee #2 Signature _____

Date _____

Trustee #3 Signature _____

Date _____

713 7/21

FOR OFFICE USE ONLY

Membership approval _____

Date _____

Date approved _____

Account opened by (Employee ID #) _____

