



## ESTATE ACCOUNT APPLICATION

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

### REQUIREMENTS TO OPEN AN ESTATE ACCOUNT

In order to establish an account with OU Credit Union, the deceased must have been an OU Credit Union member at the time of death or all beneficiaries of the Estate must have primary membership on a personal account with OU Credit Union. The Personal Representative of the Estate must provide Letters of Authority signed by the Probate Court Judge or Court Deputy/Clerk and an IRS-issued Tax Identification Number (EIN) for account opening.

ACCOUNT #

**A \$5.00 minimum deposit**

into your Grizzly Saver is required to open your account.

### SECTION A - ELIGIBILITY

☐ New Account ☐ Add Checking Account

ELIGIBILITY: The deceased must have been a member at OU Credit Union at the time of death to open an Estate account or all beneficiaries of the Estate must have primary membership with OU Credit Union.

Was the deceased a member at OU Credit Union on the date of their death?

☐ Yes Account number

☐ No

### SECTION B

### ESTATE INFORMATION

|                                                                              |     |                                      |       |          |
|------------------------------------------------------------------------------|-----|--------------------------------------|-------|----------|
| Estate Name                                                                  |     |                                      |       |          |
| Mailing Address (If different than physical address) – Street/Apt. or PO Box |     | City                                 | State | ZIP Code |
| Deceased Date of Birth                                                       | EIN | Letters of Authority Expiration Date |       |          |

**1st Personal Representative 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 |                    |          |

**2nd Personal Representative 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                                            |                                                            | Date Employed        |                    |          |
| Occupation                                                                   |                     |        |              |                                                     |                                                            | 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

- ☐ **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<sup>SM</sup>** — 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 accounts.
- |                                           |                |
|-------------------------------------------|----------------|
| <b>3 months</b>                           | <b>2 years</b> |
| <b>6 months</b>                           | <b>3 years</b> |
| <b>1 year</b>                             | <b>4 years</b> |
| <b>1-Year Add-On</b>                      | <b>5 years</b> |
| <b>3-60 months (designate term _____)</b> |                |

### Services

- ☐ **eStatements**
- ☐ **Transaction eNotices**

## SECTION D

## MEMBERSHIP AND ACCOUNT AGREEMENT

**IRS Certification:** I certify under penalty of perjury that I am a U.S. person (including a U.S. resident alien), the Taxpayer Identification Number (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 section that does not apply.


By signing below, I/we hereby make application for membership in, and agree to abide by the bylaws and amendments of, Michigan State University Federal Credit Union, operating under the trade name Oakland University Credit Union. I/we acknowledge receiving a copy of the terms and conditions applicable to each deposit account or service that I/we open concurrently with this application and agree to be bound by those terms. I/We further understand and agree that I/we shall be bound by the terms and conditions of any other deposit account or service that I/we may later open. Any account opened in more than one name shall be a joint account with rights of survivorship. For any account on which I/we designate a beneficiary(ies), the account shall be deemed in my/our name(s) as trustee. 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.


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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

1st Personal Representative Signature  \_\_\_\_\_ Date \_\_\_\_\_

2nd Personal Representative Signature  \_\_\_\_\_ Date \_\_\_\_\_

714 OU 07/21

## FOR OFFICE USE ONLY

☐ Membership approval \_\_\_\_\_

Date approved \_\_\_\_\_

Date \_\_\_\_\_

Account opened by (Employee ID #) \_\_\_\_\_

