



Custodian Account Application

For use in making gifts to minors under Michigan Uniform Transfers to Minors Act

Please mail to:

PO Box 1208

East Lansing, MI 48826-1208

A \$1.00 non-refundable membership fee and a \$5.00 minimum balance requirement in the Grizzly Saver account is required to apply for any OU Credit Union savings, checking, or loan.

Section A — Primary Account Application Information Account # _____

ELIGIBILITY: You must be eligible for membership to open an account.

Faculty, Staff, or Student of OU or CL* Work on OU campus and under control of school's governing bodies

OU Alumni Association member Immediate family members of above eligible groups

Member of Michigan United Conservation Clubs Individual living in household of above eligible groups making up an economic unit

Employee of Select Employee Groups

*Eligible Schools - OU = Oakland University / CL = Cooley Law School

Have you ever had an account or been a member of OUCU before? Yes Acct. No. _____ No

Are you a permanent resident of the U.S.? Yes No

Minor First Name			Middle	Last	Mailing Address- Street & Apt. No.	City	State	ZIP
Mobile Phone		Other Phone			Email Address			
Birthdate	Social Security Number			Mother's Maiden Name				
Custodian First Name			Middle	Last	Mailing Address- Street & Apt. No.	City	State	ZIP
Mobile Phone		Other Phone			Email Address			
Birthdate	Social Security Number			Mother's Maiden Name	Employed By	Occupation	Date Employed	
Driver's License or Passport Number				State of Issue	Date of Exp.	Other documentation/ID		Gross Monthly Pay

Section B — Certification of Minor's Social Security Number

Under penalties of perjury, I certify: (1) that the number shown on this form is my correct Social Security number; and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. *

Signature _____
(Minor or person signing on behalf of minor to the best of that person's knowledge)

*Strike out the language in (2) above if the IRS has notified you that you are subject to backup withholding and has not terminated that notification

Section C — Membership and Account Agreement

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

Funds in this account may not be pledged as security for any purpose.

By signing below I hereby make application for membership in, and agree to abide by the bylaws and amendments of, the Oakland University Credit Union. I acknowledge receiving a copy of the terms and conditions applicable to each deposit 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 deposit account or service that I may later open.

Oakland University Credit Union is a licensed trade name for Michigan State University Federal Credit Union (MSUFCU). All legal documents and Federal Reserve transactions will be between you and MSUFCU. Michigan State University Federal Credit Union savings are federally insured to at least \$250,000 by the NCUA and backed by the full faith and credit of the United States Government. Specific features, rates and fees of credit union services are subject to change without notice.

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. 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.

I elect to receive eStatements/eNotices By selecting eStatements as my/our official account statement, we agree that the eStatement notification will be sent to the email address noted above. I/we agree to open and read the eStatement disclosure and confirmation that will be sent to the email address listed above.

Custodian Signature _____

Section D — 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.

Signed _____ Date _____
(Custodian)

Witness _____ Date _____
(Person other than custodian or successor custodian)

Section E — Beneficiary Information

Upon the death of the owner, or the last surviving owner if there is more than one, the funds covered by this agreement shall become the property of the beneficiary(ies) listed below who are alive at that time. Each beneficiary shall have the power to withdraw his/her share of the remaining balance. No beneficiary shall have any right under any circumstances to change the terms and conditions of this agreement.

Beneficiary First Name	Middle	Last	Mailing Address- Street & Apt. No.	City	State	ZIP
%	Social Security Number		<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary	Relationship		
Beneficiary First Name	Middle	Last	Mailing Address- Street & Apt. No.	City	State	ZIP
%	Social Security Number		<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary	Relationship		
Beneficiary First Name	Middle	Last	Mailing Address- Street & Apt. No.	City	State	ZIP
%	Social Security Number		<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary	Relationship		
Beneficiary First Name	Middle	Last	Mailing Address- Street & Apt. No.	City	State	ZIP
%	Social Security Number		<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary	Relationship		

FOR OFFICE USE ONLY

CUSTODIAN I.D. NO. AND TYPE _____ STATE _____

ISSUE DATE _____ EXPIRATION DATE _____

DATE _____ ACCOUNT OPENED BY (EMPLOYEE I.D. #) _____

MEMBERSHIP GROUP _____ DATE APPROVED _____

FOLLOW UP LETTER _____ MEMBERSHIP APPROVAL _____

