



CONSERVATOR ACCOUNT APPLICATION

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

REQUIREMENTS TO OPEN A CONSERVATOR/FINANCIAL GUARDIANSHIP ACCOUNT:

In order to establish an account with Michigan State University Federal Credit Union (MSUFCU) either the Protected Individual or the Conservator must qualify for membership with MSUFCU. The Conservator must provide Letters of Conservatorship signed by a judge identifying the Conservator, Protected Individual and any restrictions/limitations of the fiduciary responsibility of the Conservator. Persons named "Guardian" must have Financial Guardianship confirmed by the court before a Conservator account can be opened with MSUFCU. The Protected Individual's Taxpayer Identification Number (TIN) must be provided on the application.

ACCOUNT #

SECTION A - ELIGIBILITY

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

☐ New Account ☐ Add Checking Account

ELIGIBILITY: You must be eligible for membership to open an account.¹

- ☐ Faculty, employee, or student of MSU² or OU³
- ☐ Employee or student of Cooley Law School⁴
- ☐ MSUFCU Desk Drawer Foundation donor⁵
- ☐ Attended or graduated from MSU or OU
- ☐ Work on MSU or OU campus and under control of school's governing bodies
- ☐ Individuals who live, work, worship, or attend school in the state of Michigan
- ☐ Immediate family member of eligible group
- ☐ Individual living in household of eligible group making up an economic unit
- ☐ Employee of Select Employee Group

¹For a complete list of membership eligibility options, please call MSUFCU or visit msufcu.org/whocanjoin. ²MSU = Michigan State University ³OU = Oakland University ⁴Cooley Law School = Thomas M. Cooley Law School located in Lansing, Michigan ⁵\$10 minimum donation

SECTION B

APPLICANT INFORMATION

Conservator/Financial Guardians' 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./TIN	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	

Conservator/Financial Guardian #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./TIN	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	

Protected Individual's 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	Email Address			Mother's Maiden Name	
Date of Birth	Social Security No./TIN	Driver's License/Passport or Other Documentation/ID			State of Issue	Date of Expiration

*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, and eStatements

☐ TOTALLY GREEN CHECKING ACCOUNT

Please note: Totally Green Checking requires a Visa Debit Card, eStatements/eNotices, ComputerLine® access, and direct deposit if available. To consent to receiving eStatements, eNotices, and other electronic correspondence, you will need to log in to your account via ComputerLine or the mobile app and follow the prompts. If you do not complete your consent within 45 days, or if you decline eStatements or eNotices, your Totally Green Checking will be converted to a Classic Checking.

☐ Classic Checking Account — Paper statements

☐ Money Market Checking Account — Earn dividends, paper statements

☐ Debit Card — # of Visa Debit Cards _____

Savings Options

☐ **Savings BuilderSM** — Reverse-tiered account (lower balances earn higher dividends). Checking account required.

☐ **Insured Money Management Account (IMMA)** — Earn higher dividends on balances over \$2,000.

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

☐ 3 Months

☐ 1 Year

☐ 3 Years

☐ 6 Months

☐ 1 Year Add-On

☐ 4 Years

☐ 9 Months

☐ 2 Years

☐ 5 Years

SECTION D

MEMBERSHIP AND ACCOUNT AGREEMENT

IRS Certification: I certify under penalty of perjury that: (1) the Taxpayer Identification Number (e.g., Social Security number, individual Taxpayer Identification Number, or adoption Taxpayer Identification 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.

By signing below, I/we hereby apply for an MSUFCU Conservator/Financial Guardianship Account and agree to abide by the bylaws and amendments of Michigan State University Federal Credit Union ("Credit Union"). By signing this document, I/we further acknowledge that I/we 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/we open concurrently with this application, and I/we agree to be bound by those terms, as amended. I/We further understand and agree that I/we shall be bound by the terms and conditions of any other account or service I/we may later open. I/We expressly provide that I/we, as Conservator(s)/Financial Guardian(s), will use any funds deposited to this account for the current or foreseeable needs of the Protected Individual. If I/we are provided a debit card(s), I/we acknowledge that I/we will read and maintain for my/our records the Visa Debit Card Agreement that will be provided to me/us and I/we will evidence my/our agreement to the conditions contained therein by my/our use of any card. 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/We specifically authorize the Credit Union to access our credit reports, credit scores, and other financial history and I/we 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/We hereby authorize the release, by my/our Credit Union records custodian(s), of any information pertaining to my/our past and present financial status and any action pending or taken against me/us in the past. I/We authorize the receipt and exchange of credit information.

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.

Conservator/Financial Guardian's Signature _____, Conservator of the Protected Individual identified in Section B above Date _____

2nd Conservator/Financial Guardian's Signature _____, Conservator of the Protected Individual identified in Section B above Date _____

729 5/25

FOR OFFICE USE ONLY

☐ Membership approval _____

Date _____

Date approved _____

Account opened by (Employee ID #) _____

