



REPRESENTATIVE PAYEE ACCOUNT APPLICATION

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

REQUIREMENTS TO OPEN A REPRESENTATIVE PAYEE ACCOUNT:

In order to establish an account, either the Beneficiary or the Representative Payee(s) must qualify for membership with Oakland University Credit Union. The Representative Payee must provide documentation from the governmental agency listing the appointed Representative Payee/Fiduciary and the Beneficiary of the funds. The Beneficiary's Taxpayer Identification Number (TIN) must be provided on the application.

| | |
|---------------------------------------|---|
| ACCOUNT # <input type="text"/> | A \$5.00 minimum deposit into your Grizzly Saver is required to open your account. |
| SECTION A - ELIGIBILITY | <input type="checkbox"/> New Account <input type="checkbox"/> 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
- Desk Drawer Fund 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 OU Credit Union or visit oucreditunion.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

Representative Payee'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* | | | 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 | | |

Representative Payee #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 | | |

Beneficiary'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 | | | 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.

Checking Options

24/7 access, free ATM access, free bill payment, direct deposit, and eStatements

TOTALLY GOLD CHECKING ACCOUNT

Please note: Totally Gold 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 Gold 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.

- | | |
|---|---|
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 2 years |
| <input type="checkbox"/> 6 months | <input type="checkbox"/> 3 years |
| <input type="checkbox"/> 1 year | <input type="checkbox"/> 4 years |
| <input type="checkbox"/> 1 Year Add-On | <input type="checkbox"/> 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 OU Credit Union Representative Payee Account and agree to abide by the bylaws and amendments of Michigan State University Federal Credit Union ("Credit Union"), operating under the trade name Oakland University Credit Union. By signing below, 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 and IRA/HSA IMMA Disclosure, the Schedule of Service Charges, and the Privacy Policy) 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. 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 Representative Payee(s), will use any funds deposited to this account for the current or foreseeable needs of the Beneficiary. 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 my/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/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.


Oakland University Credit Union, OU Credit Union, is a trade name of Michigan State University Federal Credit Union (MSUFUCU). MSUFUCU remains the legal entity behind both brands, MSUFUCU and OU Credit Union. Your legal documents and Federal Reserve transactions will be listed in your account as MSUFUCU.

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.

Representative Payee's Signature  _____, Representative of the Beneficiary identified in Section B above Date _____

2nd Representative Payee's Signature  _____, Representative of the Beneficiary identified in Section B above Date _____

FOR OFFICE USE ONLY

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

