



REPRESENTATIVE PAYEE ACCOUNT APPLICATION

Please mail to:
MSU Federal 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, the Beneficiary must qualify for membership with Michigan State University Federal Credit Union (MSUFCU). 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 tax identification number must be provided on the application.

ACCOUNT #

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

SECTION A - ELIGIBILITY

New Account Add Checking Account

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

- | | |
|--|---|
| <input type="checkbox"/> Faculty, employee, or student of MSU ¹ or OU ² | <input type="checkbox"/> Employee of Select Employee Group |
| <input type="checkbox"/> Employee or student of Cooley Law School ³ | <input type="checkbox"/> Immediate family member of eligible group |
| <input type="checkbox"/> Desk Drawer Fund donor ⁴ | <input type="checkbox"/> Individual living in household of eligible group making up an economic unit |
| <input type="checkbox"/> Attended or graduated from MSU or OU | <input type="checkbox"/> Individuals who live, work, worship, attend school, or have a business located within Oakland, Genesee, Lapeer, Livingston, or Macomb counties |
| <input type="checkbox"/> Work on MSU or OU campus and under control of school's governing bodies | |

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

SECTION B

APPLICANT INFORMATION

Representative Payee's Information

Citizenship Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (permanent resident) <input type="checkbox"/> 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 <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (permanent resident) <input type="checkbox"/> 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 <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (permanent resident) <input type="checkbox"/> 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			

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

Insured Money Management Account (IMMA) — Earn higher dividends on balances over \$2,000.00.

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

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

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 resident alien), that the Taxpayer Identification Number (Social Security Number) 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.

I/we hereby apply for a MSUFCU Representative Payee account and agree to abide by the bylaws and amendments of MSUFCU. 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 to those terms. I expressly provide that I, as Representative Payee, will use any funds deposited to this account for the current or foreseeable needs of the Beneficiary. By signing this document, I acknowledge receipt of and agree to all terms and conditions in the Membership and Account Agreement and all other disclosed terms and conditions of all accounts and services that I may receive at MSUFCU. These terms and conditions will be disclosed in accordance with applicable state and federal laws. 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 qualify for other products and services the Credit Union may offer me. 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.

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 _____ Date _____

Second Representative Payee Signature _____ Date _____

FOR OFFICE USE ONLY

Membership approval _____

Date _____

Date approved _____

Account opened by (Employee ID #) _____

