



ESTATE ACCOUNT APPLICATION

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

REQUIREMENTS TO OPEN AN ESTATE ACCOUNT

To establish an account with Michigan State University Federal Credit Union (MSUFCU), the deceased must have been an MSUFCU member at the time of death or all beneficiaries of the Estate must have primary membership on a personal account with MSUFCU. 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 Spartan Saver is required to open your account.

SECTION A - ELIGIBILITY

New Account Add Checking Account

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

Was the deceased a member at MSUFCU 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/Previous Employer	Date Employed			
Occupation	Employment Status	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, 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 and eNotices, 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 **2 years**

6 months **3 years**

1 year **4 years**

1 Year Add-On **5 years**

3-60 months (designate term _____)

SECTION D

MEMBERSHIP AND ACCOUNT AGREEMENT

IRS Certification: I certify under penalty of perjury that: (1) the number identified as the EIN in Section B above is the correct taxpayer identification number (TIN); (2) I am a U.S. citizen or other U.S. person; (3) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been informed 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 Estate Account and agree to abide by the bylaws and amendments of Michigan State University Federal Credit Union ("Credit Union"). By signing below, I/we further acknowledge that I/we will be provided a copy of the Account Agreements and Disclosures and all other disclosed terms and conditions applicable to each 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 account or service that I/we may later open. If I/we are provided 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. 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/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 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.

1st Personal Representative's Signature _____, Personal Representative of the Estate identified in Section B above Date _____

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

FOR OFFICE USE ONLY

Membership approval _____ Date _____

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

