

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

In order to establish an account with 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		Date Employed		
Occupation				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, eStatements, and quarterly FICO® Scores

- ☐ **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 U.S. resident alien), the Taxpayer Identification Number (EIN) 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 section that does not apply.


By signing below, I/we hereby make application for membership in, and agree to abide by the bylaws and amendments of, Michigan State University Federal Credit Union. I/we acknowledge receiving a copy of the terms and conditions applicable to each deposit 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 deposit account or service that I/we may later open. 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 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/we qualify for other products and services the Credit Union may offer me/us. 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.

1st Personal Representative Signature  _____ Date _____

2nd Personal Representative Signature  _____ Date _____

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FOR OFFICE USE ONLY

☐ Membership approval _____

Date approved _____

Date _____

Account opened by (Employee ID #) _____

