

ESTATE ACCOUNT APPLICATION

Please mail to:

Oakland University 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 OU Credit Union, the deceased must have been an OU Credit Union member at the time of death or all beneficiaries of the Estate must have primary membership on a personal account with OU Credit Union. 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 Employer Identification Number (EIN) for account opening.

ACCOUNT#		A \$5.00 minimum deposit into	o your Grizzly Sa	aver is required to open y	our acco	ount.	
SECTION A - ELIGIBILI	TY	☐ New Account ☐ Add Checking Ac	count				
ELIGIBILITY: The deceased must have with OU Credit Union.	ave been a member at OU Credit Union a	at the time of death to open an Estate accou	ınt or all benefici	aries of the Estate must	have prim	nary membership	
Was the deceased a member at Ol □ Yes Account number □ No	U Credit Union on the date of their death	n?					
Please list all Estate beneficiaries,	including the names of any persons or e	entities receiving funds or property:					
SECTION B		ESTATE INFORMATION					
SECTION B Estate Name		ESTATE INFORMATION					
Mailing Address – Street/Apt. or Po	O Box		City		State	ZIP Code	
Deceased Date of Birth	EIN	Letters of Authority Exp	iration Date		<u> </u>		
	,	'					
1st Personal Representative Inf	ormation Citizenship Status 🗆 U	.S. Citizen □ Resident Alien (perman	ent resident)	□ Nonresident Alien (tempora	ary resident)	
Name First Middle	Last	hysical Address – Street/Apt. 🔲 Own 👊	Rent	City	State	ZIP Code	
Mailing Address (If different than p	hysical address) – Street/Apt. or PO Box	X	City		State	ZIP Code	
Mobile Phone*	Other Phone*			Mother's Maiden N	ame		
Date of Birth	Social Security No./TIN	Oriver's License/Passport or Other Docume	entation/ID	State of Issue Da	ite of Exp	iration	
Email Address*	E	mployer/Previous Employer		Date Employed			
Occupation	E	mployment Status	Mon	thly Gross Income			
2nd Personal Representative Inf	formation Citizenship Status 🗆 U	J.S. Citizen □ Resident Alien (perman	ent resident)	□ Nonresident Alien	(tempor	ary resident)	
Name First Middle	Last Pr	nysical Address – Street/Apt. 🔲 Own 🗔	Rent	City	State	ZIP Code	
Mailing Address (If different than p	hysical address) – Street/Apt. or PO Box	(City		State	ZIP Code	
Mobile Phone*	Other Phone*			Mother's Maiden N	ame		
Date of Birth	Social Security No./TIN D	ver's License/Passport or Other Documentation/ID State of Issue Date of Expiration		iration			
Email Address*		Employer/Previous Employer		Date Employed	Date Employed		
Occupation	E	mployment Status	Mont	thly Gross Income			

^{*}You authorize us to contact you, including by electronic or automated means, such as emails, autodialed and prerecorded calls, and text messages.

ACCOUNT SERVICE SELECTION

By checking below, I/we agree to apply for/request the selected services:

Checking Options	Savings Options					
24/7 access, free ATM access, free Bill Payment, direct deposit, and eStatements	Savings Builder sm — Reverse-tiered account (lower balances earn higher dividends). Checking account required.					
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	 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 A	ACCOUNT AGREEMENT					
	B above is the correct Taxpayer Identification Number; (2) I am a U.S. citizen or other U.S. person (including thholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a kup withholding. Please cross out any section that does not apply.					
trade name Oakland University Credit Union. By signing this document, I/we further acknowledge that I/and Account Agreement, the Electronic Funds Transfer and Payment Services Agreement and Disclosu. Disclosure, the Certificate Disclosure, the Schedule of Service Charges, and the Privacy Notice) and all with this application, and I/we agree to be bound by those terms, as amended. I/We further understand may later open. Any account opened in more than one name shall be a joint account with rights of survianswer questions about the Credit Union's credit experience with me/us. I/We specifically authorize the	is and amendments of Michigan State University Federal Credit Union ("Credit Union"), operating under the we will be provided a copy of the Account Agreements and Disclosures (which consist of the Membership re, the Electronic Correspondence Disclosure and Agreement, the Truth in Savings and Funds Availability other disclosed terms and conditions applicable to each account or service that I/we open concurrently and agree that I/we shall be bound by the terms and conditions of any other account or service that I/we vorship. I/We hereby authorize the Credit Union to check my/our credit and employment history(ies) and to Credit Union to access our credit reports, credit scores, and other financial history and I/we consent to the sts and services the Credit Union may offer me/us. I/We hereby authorize the release, by my/our Credit Union acction pending or taken against me/us in the past. I/We authorize the receipt and exchange of					
Oakland University Credit Union, OU Credit Union, is a trade name of Michigan State University Federal Union. Your legal documents and Federal Reserve transactions will be listed in your account as MSUFCI						
	ires all financial institutions to obtain, verify, and record information that identifies each person who opens s, date of birth, and other information that will allow us to identify you. We may ask for your driver's license					
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					
2nd Personal Representative's Signature 🆫	_, Personal Representative of the Estate identified in Section B above Date					

714 OU 5/25

FOR OFFICE USE ONLY					
Membership approvalate approved	DateAccount opened by (Employee ID #)	NCUA Federally insure by NCUA			