

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 int	to your Grizzly S	aver is required to open y	our acco	ount.	
SECTION A - ELIGIBILI	TY	□ New Account □ Add Checking Account					
ELIGIBILITY: The deceased must have with OU Credit Union.	ave been a member at OU Credit Union	at the time of death to open an Estate accordance	unt or all benefic	iaries of the Estate must l	nave prim	nary membership	
Was the deceased a member at Olu ☐ Yes Account number ☐ No	U Credit Union on the date of their dea	th?					
Please list all Estate beneficiaries,	including the names of any persons or	entities receiving funds or property:					
SECTION B		ESTATE INFORMATION					
Estate Name							
Mailing Address (If different than p	ohysical address) – Street/Apt. or PO B	ΟX	City		State	ZIP Code	
Deceased Date of Birth	EIN	Letters of Authority Exp	Diration Date				
1st Personal Representative Inf	ormation Citizenship Status	U.S. Citizen 🔲 Resident Alien (perman	ent resident)	□ Nonresident Alien (tempora	ry resident)	
Name First Middle	Last	Physical Address – Street/Apt. 🚨 Own 🗔	1 Rent	City	State	ZIP Code	
Mailing Address (If different than p	ohysical address) – Street/Apt. or PO B	OX	City		State	ZIP Code	
Mobile Phone*	Other Phone*			Mother's Maiden N	ame	1	
Date of Birth	Social Security No.	Driver's License/Passport or Other Docum	entation/ID	State of Issue Da	State of Issue Date of Expiration		
Email Address*		Employer/Previous Employer		Date Employed			
Occupation		Employment Status	Mor	nthly Gross Income			
2nd Personal Representative Inf	formation Citizenship Status 🗆	U.S. Citizen	nent resident)	□ Nonresident Alien	(tempor	ary resident)	
Name First Middle	Last	Physical Address – Street/Apt. 🗖 Own 🗆	Rent	City	State	ZIP Code	
Mailing Address (If different than physical address) – Street/Apt. or PO B		OX	City		State	ZIP Code	
Mobile Phone*	Other Phone*			Mother's Maiden N	ame		
Date of Birth	Social Security No.	Driver's License/Passport or Other Docume	entation/ID	State of Issue Da	te of Exp	iration	
Email Address*		Employer/Previous Employer		Date Employed	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.

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 □ 2 years □ 6 months □ 3 years □ 1 year □ 4 years □ 1 Year Add-On □ 5 years 							
SECTION D MEMBERSHIP AND A	CCOUNT 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; (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 hereby apply for an OU Credit Union Estate 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 this document, 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 servi we may later open. Any account opened in more than one name shall be a joint account with rights of survivorship. I/We hereby authorize the Credit Union to check my/our credit and employment history 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 core 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 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 credit information.								
Oakland University Credit Union, OU Credit Union, is a trade name of Michigan State University Federal Credit Union (MSUFCU). MSUFCU remains the legal entity behind both brands, MSUFCU and OU Credit Union. Your legal documents and Federal Reserve transactions will be listed in your account as MSUFCU.								
	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 7/23

FOR OFFICE USE ONLY				
☐ Membership approval	Date	NCUA		
Date approved	Account opened by (Employee ID #)	Federally insured by NCUA		