



CUSTODIAL ACCOUNT APPLICATION

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

REQUIREMENTS TO OPEN A CUSTODIAL ACCOUNT:

The Michigan Uniform Transfer to Minors Act (UTMA) A Uniform Transfers to Minors Act account is created by a custodian who deposits funds as an irrevocable gift to a minor. A custodian is defined as an individual 18 years of age or older wishing to manage and invest funds for the minor's behalf until the minor reaches the age of majority. Minors are required to have a primary Michigan State University Federal Credit Union (MSUFCU) account before a custodial account can be established. The minor's tax identification number must be provided on the application.

ACCOUNT #

SECTION A - ELIGIBILITY

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

Does the minor child have a primary MSUFCU account? Yes (Account number _____) No

SECTION B APPLICANT INFORMATION

Citizenship Status U.S. Citizen Resident Alien (permanent resident) Nonresident Alien (temporary resident)

Minor's 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*		Email Address*	Mother's Maiden Name		
Date of Birth	Social Security No.	Driver's License/Passport or Other Documentation/ID		State of Issue	Date of Expiration	

Custodian 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 agree to apply for/request the selected services:

Savings Options

- 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
 - 6 months
 - 1 year
 - 1-Year Add-On
 - 3-60 months (designate term _____)
 - 2 years
 - 3 years
 - 4 years
 - 5 years


Services

- eStatements
- Transaction eNotices

SECTION D

CERTIFICATION OF MINOR'S SOCIAL SECURITY NUMBER

I certify under penalty of perjury 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.

Custodian Signature  _____ Date _____

SECTION E

MEMBERSHIP AND ACCOUNT AGREEMENT


I, _____, custodian of certain funds of _____, a minor, hereby apply for a custodian account in the following name: _____ as custodian for _____, a minor under the Michigan Uniform Transfers to Minors Act.

The authority of the custodian shall cease, and the minor shall receive full control of the account, when the minor reaches the age of _____ years. (Insert 18, 19, 20, or 21. If blank, 18 shall apply.)

By signing below, I hereby apply for a MSUFCU custodial account in and agree to conform to the laws and amendments of the Michigan Uniform Transfers to Minors Act. I expressly provide that I, as Custodian, will deliver, convey, or transfer to the Minor any funds on deposit in the custodial account. 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 hereby authorize the Credit Union to check my credit and employment history and to answer questions about the Credit Union's credit experience with me. I specifically authorize the Credit Union to access my credit report, credit score 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 past and present financial status and any action pending or taken against me 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.

Custodian Signature  _____ Date _____

SECTION F

DESIGNATION OF SUCCESSOR CUSTODIAN

In the event of my resignation, death, or legal incapacity, I designate _____ as successor custodian, such appointment to take effect upon the occurrence of such event.

Custodian Signature  _____ Date _____

Successor Custodian Information

Successor Name	First	Middle	Last	Email Address*		
Mailing Address – Street/Apt. or PO Box				City	State	ZIP Code
Mobile Phone*	Other Phone*	Date of Birth		Social Security Number		

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FOR OFFICE USE ONLY

Membership approval _____

Date _____

Date approved _____

Account opened by (Employee ID #) _____

