



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) 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 Taxpayer Identification Number (TIN) 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./TIN	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.
- 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 |

SECTION D**CERTIFICATION OF MINOR'S SOCIAL SECURITY NUMBER**

IRS Certification: I certify under penalty of perjury that: (1) the Taxpayer Identification Number (e.g., Social Security number, individual taxpayer identification number, or adoption taxpayer identification number) in Section B of this document is correct; (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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Custodian's Signature  _____, as Custodian of the minor identified in Section B above 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: _____
custodian minor
 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 an MSUFCU Custodial Account, agree to conform to the laws and amendments of the Michigan Uniform Transfers to Minors Act, and agree to abide by the bylaws and amendments of Michigan State University Federal Credit Union ("Credit Union"). 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 that I 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 open concurrently with this application, and I agree to be bound by those terms. I further understand and agree that I shall be bound by the terms and conditions of any other account or service I may later open. 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(s), of any information pertaining to my past and present financial status and any action pending or taken against me in the past. I authorize the receipt 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's Signature  _____, as Custodian of the minor identified in Section B above 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's Signature  _____, as Custodian of the minor identified in Section B above 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	

709 7/23

FOR OFFICE USE ONLY

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

