

# Custodian Account Application

For use in making gifts to minors under Michigan Uniform Transfers to Minors Act

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

A \$1.00 non-refundable membership fee and a \$5.00 minimum balance requirement in the Spartan Saver account is required to apply for any MSUFCU savings, checking, or loan.

Section A — Primary Account Application Information				Account #				
ELIGIBILITY: You must be eligible for membership to open an account. <input type="checkbox"/> Faculty, Staff, or Student of MSU, OU, or CL* <input type="checkbox"/> Work on MSU or OU campus and under control of school's governing bodies <input type="checkbox"/> MSU or OU Alumni Association member <input type="checkbox"/> Employee of Select Employee Groups <input type="checkbox"/> Member of Michigan United Conservation Clubs <input type="checkbox"/> Immediate family members of above eligible groups <input type="checkbox"/> MSU Alumni Assn. Legacy Program member <input type="checkbox"/> Individual living in household of above eligible groups making up an economic unit *Eligible Schools - MSU = Michigan State University / OU = Oakland University / CL = Cooley Law School								
Have you ever had an account or been a member of MSUFCU before? <input type="checkbox"/> Yes    Acct. No. _____ <input type="checkbox"/> No Are you a permanent resident of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Minor First Name			Middle			Last		
Mailing Address- Street & Apt. No.				City		State	Zip	
Mobile Phone		Other Phone		Email Address				
Birthdate		Social Security Number		Mother's Maiden Name				
Custodian First Name			Middle			Last		
Mailing Address- Street & Apt. No.				City		State	Zip	
Mobile Phone		Other Phone		Email Address		I would like to receive email updates about my account & credit union services. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birthdate		Social Security Number		Mother's Maiden Name	Employed By		Date Employed	
Driver's License or Passport Number			State of Issue	Date of Exp.	Other documentation/ID		Gross Monthly Pay	

## Section B — Certification of Minor's Social Security Number

Under penalties of perjury, I certify: (1) that the number shown on this form is my correct Social Security number; and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. \*

Signature \_\_\_\_\_  
(Minor or person signing on behalf of minor to the best of that person's knowledge)

\*Strike out the language in (2) above if the IRS has notified you that you are subject to backup withholding and has not terminated that notification

## Section C — 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.)

Funds in this account may not be pledged as security for any purpose.

By signing below I hereby make application for membership in, and agree to abide by the bylaws and amendments of, the Michigan State University Federal Credit Union. I acknowledge receiving a copy of the terms and conditions applicable to each deposit account or service that I open concurrently with this application and 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 deposit account or service that I may later open.

### 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. 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.

I elect to receive eStatements/eNotices    By selecting eStatements as my/our official account statement, we agree that the eStatement notification will be sent to the email address noted above. I/we agree to open and read the eStatement disclosure and confirmation that will be sent to the email address listed above.

Custodian Signature \_\_\_\_\_

## Section D — 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Custodian)

Witness \_\_\_\_\_ Date \_\_\_\_\_  
(Person other than custodian or successor custodian)

## Section E — Beneficiary Information

Upon the death of the owner, or the last surviving owner if there is more than one, the funds covered by this agreement shall become the property of the beneficiary(ies) listed below who are alive at that time. Each beneficiary shall have the power to withdraw his/her share of the remaining balance. No beneficiary shall have any right under any circumstances to change the terms and conditions of this agreement.

Beneficiary First Name	Middle	Last	Mailing Address- Street & Apt. No.	City	State	Zip
%	Social Security Number		<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary	Relationship		
Beneficiary First Name	Middle	Last	Mailing Address- Street & Apt. No.	City	State	Zip
%	Social Security Number		<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary	Relationship		
Beneficiary First Name	Middle	Last	Mailing Address- Street & Apt. No.	City	State	Zip
%	Social Security Number		<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary	Relationship		
Beneficiary First Name	Middle	Last	Mailing Address- Street & Apt. No.	City	State	Zip
%	Social Security Number		<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary	Relationship		

## FOR OFFICE USE ONLY

CUSTODIAN I.D. NO. AND TYPE \_\_\_\_\_ STATE \_\_\_\_\_

ISSUE DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

DATE \_\_\_\_\_ ACCOUNT OPENED BY (EMPLOYEE I.D. #) \_\_\_\_\_

MEMBERSHIP GROUP \_\_\_\_\_ DATE APPROVED \_\_\_\_\_

FOLLOW UP LETTER \_\_\_\_\_ MEMBERSHIP APPROVAL \_\_\_\_\_

