



Custodial Membership Application

OFFICE USE ONLY	
Acct. Number _____	Teller Number _____
Date _____	Approved By _____

Directions

- Fill out application completely and sign/date where indicated.
- A copy of the custodian's current Government I.D. (such as a Driver's License) is required.

Important Information

- Custodial accounts are specifically for members under the age of 18.
- Custodial membership is based on the custodian's eligibility.
- When a minor reaches age 21, the custodian must transfer the funds to a new account established in the former minor's name, if eligible.
- The Transfers to Minors Act (UTMA) only allows one custodian per 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.

<p>MINOR</p> <p>Name _____</p> <p>SS# _____ Date of Birth _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Per the Patriot Act, if you list a P.O. Box for your mailing address, you must also provide a residential address:</p> <p>Address _____</p> <p>City, State, Zip _____</p>

<p>CUSTODIAN</p> <p>Name _____</p> <p>SS# _____ Date of Birth _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>County _____</p> <p>Email Address _____</p> <p>Home# _____ Cell# _____</p> <p>Employer _____ Occupation _____</p> <p>Work# _____ ID Type/State _____</p> <p>ID# _____ ID Expiration Date _____</p> <p>US Citizenship (Yes / No) _____ I certify that I am eligible for membership through: _____</p> <p>(County OR Partner Group OR Name and Relationship of Eligible Party)</p>
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REQUESTED PRODUCTS AND SERVICES (MARK ALL THAT APPLY):

- | | | |
|---|---|---|
| <input type="checkbox"/> Savings * | <input type="checkbox"/> Checking Account (select one): | <input type="checkbox"/> Visa® Debit Card (custodian) |
| <input type="checkbox"/> Additional Savings 1 | <input type="checkbox"/> High Rewards Checking | <input type="checkbox"/> Checking Overdraft Protection (from savings) |
| <input type="checkbox"/> Additional Savings 2 | <input type="checkbox"/> Simply Checking | |
| <input type="checkbox"/> Money Market Account (minimum \$2,500 balance) | <input type="checkbox"/> Order New Checks (standard checks will be ordered) | |
| <input type="checkbox"/> Order New Money Market Checks | <input type="checkbox"/> I would like information about signing up for online banking, mobile banking, and eStatements (free bill pay included with any checking account) | |

* Membership with LGE Community Credit Union requires that all members have a savings account and maintain a minimum balance of \$5.

ACCOUNT HOLDER INFORMATION - PLEASE READ: As custodian for the afore named minor, I hereby apply for membership with LGE Community Credit Union and subscribe for at least one share, and for the establishment of a Custodial Account pursuant to the provisions of 'The Georgia Transfers to Minors Act' (O.C.G.A. Sections 44-5-110) and for issuance of evidence thereof in my name, and agree to comply with the rules, regulations and bylaws of said statute, as it may be amended. I certify that the custodian or the minor are within the field of membership of this Credit Union and the information on this application is true and correct. By signing below I agree to be bound to the terms and conditions of any account that I have in the Credit Union now or in the future. These include but are not limited to the Membership and Account Agreement, Truth in Savings Act, Funds Availability Policy, Electronic Funds Transfer Agreement, Privacy Notice, etc.

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES: The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION: Under penalties of perjury, each signing party certifies that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding under federal laws or a specific FATCA Payee Code () enter code here from W-9 instructions, or (b) I have not been notified by the Internal Revenue Service (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, and (3) I am a U.S. person (including a U.S. resident alien). Complete a W-8 BEN if you are not a U.S. person.

COMMUNICATIONS CONSENT: If a cell number or text contact (together "contact") is provided, or if I later provide such to the Credit Union via other communications including online banking or social media, I consent and agree that the Credit Union may use this contact to provide information to me about my accounts and services, to reply to any inquiry, or to provide other information via calling, texting, or otherwise. This contact may be by dialing the cell phone, autodialer, text, or robo text methods. I understand that this consent is not required to obtain any loan or services from the Credit Union.

By my signature below, I authorize LGE Community Credit Union to verify the information submitted and to obtain credit reports and any other information as may be required concerning the statements made above.

Custodian Signature _____ Date _____