



<b>Internal Use Only</b>
ACCOUNT NUMBER: _____
NAME: _____
DATE: _____

# Trust Membership Application.

**IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 also ask to see your driver's license or other identifying documents.

It is understood that the Credit Union will rely upon the statements and information provided below to facilitate any account and/or account services for the Trust in question. The Credit Union makes no representations or warranties regarding any person's NCUSIF coverage, and refers interested parties to: Your individual Legal Counsel and to NCUA. You may wish to use NCUA's Insurance Calculator, which can be accessed at: <http://webapps.ncua.gov/ins/calculator.html>.

## TRUST INFORMATION

### Select one:

New Trust Membership     Existing Membership    Account Number: \_\_\_\_\_

**Type of Trust (You must check one):**    Revocable                       Irrevocable

Trust Name: \_\_\_\_\_ Trust Established Date: \_\_\_\_\_

Grantor Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

EIN (Employer Identification Number) #: \_\_\_\_\_ or SSN (Social Security Number) #: \_\_\_\_\_

Trust mailing address: \_\_\_\_\_ \*\* Check if foreign address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Per the Patriot act, if you list a P.O. Box for your mailing address, you must also provide a residential address:**

Residential Address: \_\_\_\_\_  Check if foreign address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**WE WILL USE YOUR SSN FOR THIS ACCOUNT IN REGARD TO ALL GOVERNMENTAL REPORTING, INCLUDING ANY REPORTING REQUIRED TO BE GIVEN TO THE IRS IF THE TRUST USES YOUR SOCIAL SECURITY NUMBER.** You should consult with Legal Counsel regarding this selection, which may affect taxation and estate/probate issues; the Credit Union provides no advice or recommendations in this regard.

**NOTE: THE TAX ID NUMBER MUST MATCH THE NAME GIVEN FOR THE ACCOUNT HEREIN (THE MEMBER). YOU SHOULD CONSULT WITH YOUR LEGAL COUNSEL OR TAX ADVISER IF UNSURE AS TO THE NUMBER TO USE.**

**TRUSTEE**     **CO-TRUSTEE**     **SUCCESSOR TRUSTEE**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Residential Address: \_\_\_\_\_  Check if foreign address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

SSN     EIN #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ US Citizen:  Yes  No

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Membership Eligibility:

County or Partner Group    Specify: \_\_\_\_\_

Related to eligible member    Name and relationship: \_\_\_\_\_



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TRUSTEE     CO-TRUSTEE     SUCCESSOR TRUSTEE

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  Check if foreign address  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 SSN     EIN #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ US Citizen:  Yes  No  
 Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Membership Eligibility:

County or Partner Group    Specify: \_\_\_\_\_  
 Related to eligible member    Name and relationship: \_\_\_\_\_

TRUSTEE     CO-TRUSTEE     SUCCESSOR TRUSTEE

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  Check if foreign address  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 SSN     EIN #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ US Citizen:  Yes  No  
 Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Membership Eligibility:

County or Partner Group    Specify: \_\_\_\_\_  
 Related to eligible member    Name and relationship: \_\_\_\_\_

### PLEASE SELECT THE PRODUCTS AND/OR SERVICES YOU ARE APPLYING FOR:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> SAVINGS            | <u>CHECKING: (Please check one)</u>            | <input type="checkbox"/> ONLINE BANKING/ESTATEMENTS/MEMBERLINE PHONE BANKING |
| <input type="checkbox"/> ADDITIONAL SAVINGS | <input type="checkbox"/> High Rewards Checking | • BILL PAY (FREE WITH ANY CHECKING ACCOUNT)                                  |
| <input type="checkbox"/> ADDITIONAL SAVINGS | <input type="checkbox"/> Simply Checking       | <input type="checkbox"/> VISA® DEBIT CARD                                    |
| <input type="checkbox"/> MONEY MARKET       |  | <input type="checkbox"/> CHECKING OVERDRAFT FROM SAVINGS                     |
| <input type="checkbox"/> CERTIFICATES       |  |  |

**Note:** LGE Trust Accounts are ineligible for Individual Retirement Accounts, Loans, or Powers of Attorney.  
**Membership with LGE Community Credit Union requires that all members have a savings account and maintain a minimum balance of \$5.**



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<b>Internal Use Only</b>	
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**SIGNATURES, CONSENTS AND AGREEMENTS:** Each applicant, authorized user or other party signing this application (together herein referred to as "applicant(s)") hereby makes application for the account(s)/service(s) and/or membership as indicated and agrees to conform to the Bylaws, as may be amended, of LGE Community Credit Union ("Credit Union"). I certify that I am within the field of membership of this Credit Union if membership is requested. I/we certify the signature(s) on this application apply to all accounts designated on this application; and all information provided is true and correct. I also acknowledge that I have received and agree to be bound by any terms and conditions on this application, and in the Credit Union Membership Account Agreement (MAA), Truth-in-Savings Act, Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. Applicants specifically consent that the Credit Union may report information concerning their account(s)/service(s) to others; and that we may provide the reasons should we determine you to be ineligible for any services or to be an authorized person/ user to the other applicants. **All present and future deposits to the account(s) designated on this application secure payment of any account owner's obligations to the Credit Union.** This application authorizes the Credit Union to open future sub-accounts and/or services in the names of the owners or Account Title listed on this application.

**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/we later provide such to the Credit Union via other communications including online banking or social media, I/we consent and agree that the Credit Union may use this contact to provide information to me/us about my/our 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/we understand that this consent is not required to obtain any loan or services from the Credit Union.

**SIGNATURES OF PARTIES ESTABLISHING TRUST ACCOUNTS AND/OR SERVICES:** The undersigned represent and warrant their authority to act on behalf of and legally bind the Trust individually pursuant to the Trust Agreement and applicable law, and agree to fully indemnify and hold the Credit Union harmless if the Credit Union is subjected to any claims or liabilities as a result of its reliance or acting upon such authority. The undersigned are also certifying that all Trustees, Successor Trustees and Beneficiaries are in the Field of Membership for LGE Community Credit Union. **Statements and other information regarding accounts and services will be provided to the Trustee(s) for the accounts/or services provided for, to or on behalf of the Trust identified herein and in the Membership Account Agreement.**

By my signature below, I/We authorize LGE Community Credit Union to verify the information submitted and to obtain credit reports and any other information concerning any accounts with other institutions or reporting agencies, as may be required regarding the statements made above.

## SIGNATURES

**Grantors:**

**Date:**

**Membership Eligibility:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Trustees/Co-Trustees/Successor Trustees:**

**Date:**

_____	_____
_____	_____
_____	_____