

**CONSUMERS FEDERAL CREDIT UNION**  
 425 NEPTUNE AVENUE BROOKLYN, NY 11224  
 customerservice@consumersfcu.org  
 (P): 718-266-2204 (F): 718-266-1976

Account Number:	CREDIT UNION	Date:
Membership Eligibility:	USE ONLY	Employee Initials:

## TRUST MEMBERSHIP APPLICATION

### \*\*INSTRUCTIONS\*\*

- 1) All information must be completed to avoid any delays. Place *N/A* if the information does not apply.
- 2) Submit at least \$55.00 deposit which includes the minimum dividend earning balance and one time membership fee of \$5.00
- 3) Submit the application to the Main office. If mailed, please provide a clear copy of any valid Government issued photo identification.
- 4) If your application is mailed, all signatures must be notarized.
- 5) Certification (Extract) of Trust.
- 6) Proof of EIN.
- 7) Copy of Trust.

### GRANTOR TRUST INFORMATION

Revocable     Irrevocable

Trust Name:		Trust Established Date:	
Grantor Name:	Date of Birth:	SSN:	TRUST TAX ID# (IF APPLICABLE): -
Address:		Apt No:	
City:	State:	Zip:	Email Address:
Home Phone:	Work Phone:	Ext	Cell:
IS THE GRANTOR NAMED ABOVE THE INITIAL TRUSTEE? (YES OR NO) _____			

### JOINT GRANTOR (IF APPLICABLE) OTHERWISE → SUCCESSOR TRUSTEE

Name:		Relationship to Grantor:	
Joint Grantor Date of Birth:	Joint Grantor SSN: -	- → [ENTER INFORMATION FOR SUCCESSOR TRUSTEE IF KNOWN]	
Address:		Apt No:	
City:	State:	Zip:	
Home Phone:	Work Phone:	Ext	Cell:
Email Address:			

### CO-TRUSTEE [IF APPLICABLE] SUCCESSOR TRUSTEE

Name:		Relationship to Grantor:	
<b>IF KNOWN</b> Date of Birth:	SSN: -	-	
Address:		Apt No:	
City:	State:	Zip:	
Home Phone:	Work Phone:	Ext	Cell:
Email Address:			

## 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 Consumers Federal 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 Truth-In-Savings Agreement.**

## CHECKING (SHARE DRAFT) APPLICATION & AGREEMENT

The Owner(s) hereby agree to the terms of this Checking Account Application and Agreement. Any member(s) signing this application authorizes the Credit Union to establish a Checking Account. The Credit Union is authorized to pay checks or any items presented in any order it deems efficient. It is further agreed that:

- (a) Only checks (and other methods) approved by the Credit Union may be used to make withdrawals from this account.
- (b) The Credit Union is under no obligation to pay a check that exceeds the available balance in this account. However, if any of the owners of this account writes a check that would exceed such balance and result in this account being overdrawn, the Credit Union is authorized to transfer from any savings to this account in the amount of the resulting overdraw, plus deduct a service charge (as disclosed in our Fee Schedule), from any other savings account from which any of the owners of this account have on deposit.
- (c) The Credit Union may pay a check on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the check.
- (d) When paid, checks become the property of the Credit Union and will not be returned with periodic statements or otherwise.
- (e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check.
- (f) Any objection respecting any item shown on a periodic statement of this account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed or delivered electronically.
- (g) This account is subject to the Credit Union's right to require advance notice of withdrawal, as provided in its bylaws.
- (h) This account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time.
- (i) If this agreement is signed by more than one person, the persons signing the Application shall be the joint owners of this account which, in that event, shall be subject to all the terms and conditions printed on this agreement.

## TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that (1) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number, (2) I am not subject to back-up withholdings because: (a) I am exempt from backup withholdings, or (b) 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 (c) the IRS has not notified me that I am no longer subject to backup withholding, (3) I am a U.S. Person (including a U.S. resident alien), and (4) I am exempt from FACTA Reporting. INSTRUCTIONS: Cross out #2 above if the IRS has notified that you are subject to backup withholdings for failure to report all interest and dividends in your tax return.

## AUTHORIZATION

I/We with my signature hereby agree to the Credit Union's By-Laws, and Rules and Regulations, and any amendments thereto. If an ATM/Debit card or EFT service is requested and provided, I/We agree to the terms and acknowledge receipt of the EFT Agreement. I/We authorize the Credit Union to use this authorization for other accounts I/We may request. I/We authorize the Credit Union to verify the information provided and to obtain consumer reports from consumer reporting agencies or others in connection with this account. I also agree to the terms and conditions of the Account Agreement and have received a copy of the credit union's Truth-in-Savings Agreement including Electronic Funds Transfers, Funds Availability Policy, Privacy Disclosure and Fee Schedule. **The Internal Revenue Service does not require your consent to any provision of this document other than the certification to avoid backup withholding.**

**GRANTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**JOINT GRANTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Notary Public or Credit Union Representative

\_\_\_\_\_  
Affix Notary Stamp Here