



Account Number (CU Use Only)

New Update

Estate Account Application

To open an estate account: the deceased must have been an EP FCU member at the time of death; or all estate account beneficiaries must be current EP FCU members. Administrator must provide Letters of Administration and an Estate Tax Identification Number (TIN) for account opening. The term Administrator includes a personal representative, Executor or other party who is designated by the decedent's will to be the Administrator for the decedent's Estate. If there is no will, the Administrator must have proof of appointment by a court of competent jurisdiction.

A. Deceased Person's Information					
Name: First		MI	Last	Suffix	
Date of Birth (MM/DD/YY)	Date of Death (MM/DD/YY)	Place of Death	Estate TIN (Required)		
B. Administrator(s) Information					
Account # (if decedent was a member)		Administrator's Name: First	MI	Last	Suffix
Cannot Be a Post Office Box	Current Home Address	Street	City	State	Zip Code
	Driver's License or Government ID No./State		Issue Date (MM/DD/YY)	Exp. Date (MM/DD/YY)	
Date of Birth (MM/DD/YY)	Social Security Number (ITIN)		Relationship to Deceased		
Email Address		Home Phone #		Cell #	
Account # (if member)		Co-Administrator's Name: First	MI	Last	Suffix
Cannot Be a Post Office Box	Current Home Address	Street	City	State	Zip Code
	Driver's License or Government ID No./State		Issue Date (MM/DD/YY)	Exp. Date (MM/DD/YY)	
Date of Birth (MM/DD/YY)	Social Security Number (ITIN)		Relationship to Deceased		
Email Address		Home Phone #		Cell #	
C. Estate Information					
State and County or District of Columbia Court Issuing Letters of Administration (Court Name)				<input type="checkbox"/> NO	<input type="checkbox"/> YES

D. Products and Services (Check the services the estate wants to receive.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Estate Savings Account (Required) | <input type="checkbox"/> Share Certificate(s) # _____, # _____ | <input type="checkbox"/> EP FCU HomeBanking Access |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Money Market | (Bill Pay service is not available.) |

E. Agreement

I/We hereby apply for an estate account at EP FCU. I/We by Will or applicable State law have the power to open this account.

EP FCU is authorized to recognize the signatures below for the payment of funds or the transaction of any business for this account. I/We as Administrator of this estate account agree that all funds on deposit now or in the future are owned by the decedent's estate and will be subject to the withdrawal or receipt of the Administrator, and payment to the Administrator/Co-Administrator will be valid and discharge EP FCU from any liability for such payment.

In addition, any endorsement or signature by any Administrator/Co-Administrator will be considered a valid signature for transacting business in this account. The right or authority of the credit union under this agreement cannot be changed or terminated by me/us, except by written notice to EP FCU which has been acknowledged in writing by EP FCU, which notice shall not affect previously made transactions.

I hereby certify that I/we have been duly qualified and/or appointed by a court to settle the above decedent's estate, including but not limited to the payment of taxes, debts, and distribution of assets and/or property belonging to the estate. By my/our signatures, I/we acknowledge that EP FCU has no responsibility for the administration of this estate account or the settlement of the above decedent's estate at any time. I/We understand that upon settlement of the decedent's estate, it is my/our responsibility to request closure of the estate account.

By checking "EP FCU Homebanking Access" in Section D of this application, I/we understand that I/we are applying for EP FCU Homebanking services. I/We understand that this service will provide me/us access to all existing and future accounts held in the name of this estate. I/We hereby accept responsibility for safeguarding the password(s) in order to prevent unauthorized access and transactions on the account. I/We agree that EP FCU may revoke EP FCU Homebanking Access service if unauthorized access or transactions occur as the apparent result of negligence in safeguarding the password(s). If EP FCU is notified or otherwise becomes aware that I/we have included the credit union in the filing of a petition of bankruptcy, EP FCU may revoke Homebanking Access service to this account. I (and my co-administrator, if he or she has signed this agreement) acknowledge receipt of, and agree to, the EP FCU Homebanking Access Service Agreement and Disclosure Statement, and all amendments mailed to the address shown on EP FCU record.

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including co-administrators. 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. Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law.

F. Signatures and Certification (By signing, I/we acknowledge that I/we have read and agree to the information in the Agreement above.)

Under penalties of perjury, I certify that: (1) The number shown on this form is the estate's taxpayer identification number (or I am waiting for a number to be issued), and (2) the estate is not subject to backup withholding because: (a) the estate is exempt from backup withholding, or (b) the estate has not been notified by the Internal Revenue Service (IRS) the estate is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the estate that it is no longer subject to backup withholding, and (3) the estate is a U.S. citizen or other U.S. person. For tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7). (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. The IRS does not require certification of any other part of this Application and Agreement other than the certification concerning backup withholding.

Signature of Administrator (Required)	Date (MM/DD/YY)
Signature of Co-Administrator (If applicable)	Date (MM/DD/YY)

For Credit Union Use Only

- | | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> Audio response/online | <input type="checkbox"/> Trust documents | <input type="checkbox"/> Death certificate(s) | <input type="checkbox"/> OP opt-in | <input type="checkbox"/> Member eligibility |
| <input type="checkbox"/> New account note | <input type="checkbox"/> Check order | <input type="checkbox"/> Membership deposit | <input type="checkbox"/> Adverse action (if applicable) | |

Membership Officer/Quality Control	Teller #/Open by	Date	Risk Rating #
------------------------------------	------------------	------	---------------