



Uniform Transfers to Minors Account Application and Change Form



Account# (CU Use Only)

New Update

Important Information:

EP Federal Credit Union, like all financial institutions, is required by Federal law to obtain, verify, and record information that identifies each person that opens an account with us. When you open an account with us, we will ask you for your name, address and other information that will allow us to identify you.

If you are mailing this application, please send a copy of the custodian(s) unexpired government-issued picture identification and a copy of the minor's Social Security Card and birth certificate with your application. We may contact you for additional information. We may also require you to submit a notarized copy of your unexpired government-issued picture identification.

Child/Minor Information				
First Name	Middle Name	Last Name	Social Security Number	Date of Birth
Street Address			City	State & Zip Code
Mailing Address (if different)			City	State & Zip Code
Home Telephone			Place of Birth	Current Age

Membership Eligibility		
Sponsoring Family Member Name	Sponsor's Account #	Relationship to Applicant

Custodian(s) Information		
Custodian #1 Name (First, Middle, Last)	Social Security Number	Date of Birth
Street Address	City	State & Zip Code
Driver's License #/State/Exp. Date	Occupation	
Home Phone	Work Phone	
Custodian #2 Name (First, Middle, Last)	Social Security Number	Date of Birth
Street Address	City	State & Zip Code
Driver's License #/State/Exp. Date	Occupation	
Home Phone	Work Phone	

Uniform Transfers to Minors Account Disclosure

A Uniform Transfers to Minors Account (UTMA) is an individual account created by a custodian who deposits funds as an irrevocable gift to a minor. The minor to whom the gift is made is the beneficiary of the custodial property in the account. The custodian has possession and control of the account for the exclusive right and benefit of the minor and, barring a court order otherwise, is the only party entitled to

make deposits, withdrawals, or close the account. We have no duty to inquire about the use or purpose of any transaction. If the custodian dies, we may suspend the account until we receive instructions from any person authorized by law to withdraw funds or a court order authorizing withdrawal.

Taxpayer Identification Number Certification and Backup Withholding Information

Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, 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. citizen or other U.S. person. For federal 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), and

(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Exemptions (see Internal Revenue Service Form W-9 instructions)

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

Certification Instructions. **Backup Withholding** Check the box if you are subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code and cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Cross out item **3** and complete a W-8 BEN if you are a Non-Resident Alien.

Signature: _____

Signature: _____

Date: _____

Account Type	Account Services
<input type="checkbox"/> Share Savings Account (\$10.00 membership share deposit) Required	<input type="checkbox"/> Audio Response (Connie) <input type="checkbox"/> Online Banking <input type="checkbox"/> E-statements

Signatures

By signing below, I/we, the Custodian(s) agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings disclosures, Bylaws, Funds Availability Policy and to any amendments the Credit Union adopts from time to time which are incorporated herein by reference. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. I/We agree that the Credit Union can use any credit reporting or otherwise to verify the information on this application for the purposes of extending services. I/We agree that the Credit Union can tell others about its experience with me/us and obtain information from others about my/our credit history and performance. If requested, the Credit Union will tell me/us the name and address of any reporting agency from which it received a credit report on me/us. I/We further certify that I/we are eligible for EP FCU's field of membership. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfers Agreement and disclosures. I/we also understand that the use of a Visa Check card, opened under the minor's member number, by anyone other than the custodian(s) is prohibited. All accounts opened under the minor's number (i.e. Money Maker, Share Certificates, etc.) will be titled as Custodian for the minor under the "District of Columbia Uniform Transfers to Minors Act." This agreement supersedes any previous account agreements. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X _____
Custodian Signature Date

X _____
Custodian Signature Date

X _____
Minor Signature or Print Name Date

For Credit Union Use Only

Date of New Account	Opened by
Teller #	Risk Rating #
<input type="checkbox"/> new account note <input type="checkbox"/> e-statements <input type="checkbox"/> audio response/online <input type="checkbox"/> membership deposit <input type="checkbox"/> membership eligibility	
Membership Officer/Quality Control	