



Account Number (CU Use Only)

New Update

Trust Account Application

This application is used to reassign or establish accounts in the name of a Trust. An Account Number will be created for the Trust at the time the Trust Account is established. This application requires a Taxpayer Identification Number (TIN) that has been assigned to the trust (whether revocable or irrevocable) and a copy of the Trust pages that: (1) provide the name of the Trust; (2) evidence that the Trust has been lawfully created; (3) pages that provide the names of all Trustees; (4) indicates the power of the Trustee to open the account and whether all Trustees must agree to act for the Trust. You will be asked to certify that the Trust remains valid (if it is a revocable trust) and has not been revoked. The information in items (1)-(4) above may be provided by an abstract of the Trust prepared by legal counsel to the Trust. EP FCU may not act as Trustee of a Trust. This account is for normal banking service used by the Trust. EP FCU may not exercise powers over the Trust beyond non-discretionary administrative functions.

A. Account Title	
Name of Trust: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable (Check one)	
Trust Taxpayer Identification No. (TIN)	Grantor /Settlor

Please indicate the number of beneficiaries of the Trust. _____ *(Subject to change if Trust is amended)*

i. <u>Beneficiaries</u>		
Name of Beneficiary	Social Security Number of Beneficiary	Date of Birth
1.)		
2.)		

B. Trustee Information					
Cannot Be a Post Office Box	Current Home Address:	Street	City	State	Zip Code
<small>If Different from Above Address and will be used for written communications from EPFCU</small>	Mailing 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 (or ITIN)		Home Phone #	
Email Address			Office Phone #	Cell or Other Contact #	

C. Co-Trustee Information (Include address only if different from Grantor's/Trustee's.)					
Name: First	MI	Last	Suffix		
Cannot Be a Post Office Box	Current Home Address:	Street	City	State	Zip Code
<small>If Different from Above Address and will be used for written communications from EPFCU</small>	Mailing 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 (or ITIN)		Home Phone #	
Email Address			Office Phone #	Cell or Other Contact #	

D. Trust Options (A new Account Number will be established separate from your existing Account Number.)

For **Existing Accounts** I would like to reassign the following accounts to the name of the Trust:

Savings (Existing account # _____)

(1) A membership savings account must be maintained. **(2)** A new Membership Savings Account will be established if you select to transfer your existing Membership. **(3)** Current savings account balance may be transferred to the new Trust savings account except for the required \$10 minimum to maintain membership.

Checking Account (Existing account # _____)

Money Market (Existing account # _____)

E-statements

Home Banking

Certificate(s) # _____, _____, and _____

To Establish the following **New Accounts** for the Trust

Trust Savings Required for a New account

Checking

Money Market

E-statements

Home Banking

Certificate(s) # _____, _____, and _____

NCUA rules provide that insurance of the account of an Irrevocable Trust is only available if: (1) at least one Grantor; or (2) all beneficiaries—are within the EP FCU field of membership.

E. Agreement

I/We hereby apply for a Trust Account at EP FCU in my/our name(s) as Trustee/Co-trustee for the Trust on reverse. With this application, I/we certify: (1) the Grantor(s)/Trustor(s) of a Revocable Trust are members of EP FCU or eligible for membership in EP FCU; or (2) at least one Grantor of Irrevocable Trust or all beneficiaries of the Irrevocable Trust are members of EP FCU or eligible for membership in EP FCU. I/We hereby affirm that the authority to establish a Trust Account has been granted pursuant to a legally binding Trust agreement as evidenced by the Declaration of Trust, which accompanies this application and agreement. I/we certify that under the terms of the Trust and subject to the provisions of the credit union's bylaws and applicable state and federal laws, rules, and regulations, all sums paid into the account may be pledged to the credit union as security for a loan or loans to the Trustee/Co-trustee, or withdrawn in whole or in part by any Trustee/Co-trustee during their lives. All parties to this account acknowledge that the rights of the surviving Trustee/Co-trustee shall not be abridged upon the death of any one Trustee and that all surviving Trustee(s)/Co-trustee(s) shall retain full use and authority over the funds in the account. Upon the death of the Grantor, funds in the account will be administered by the Trustee, Co-trustee(s), Successor Trustee, or administrator of the Trust as designated by the Trust. I/We certify that all Trustee(s)/Co-trustee(s) having access to this account have been properly listed in this application and that this application reflects the rights and responsibilities of all parties as stated in the Declaration of Trust. I/We acknowledge that EP FCU shall act in its capacity as a financial institution and assumes no responsibility for the action(s), including but not limited to the deposit or withdrawal of funds, by the Trustee/Co-trustee. All Trustee(s)/Co-trustee(s), regardless of date of amendment and/or subsequent assignment, hereby agree with each other and EP FCU that they shall discharge EP FCU from any liability due to the actions of any Trustee/Co-trustee in regard to this account. I/We agree that the terms of the Trust agreement will be binding and that I/we assume responsibility for notifying EP FCU of any changes to the Trust agreement as it relates to this application. I/We acknowledge that EP FCU reserves the right to suspend services to or terminate this account when it believes the account is being maintained in an unsound manner but EP FCU is under no obligation to determine whether any Trustee is acting within the scope of their authority. I/We have read and agree to the terms and conditions of the account agreement of EP FCU. I/We agree Trust account property may be transferred to the appropriate state under applicable unclaimed property laws if there has been no activity within the time period specified by state law. I/We understand that EP FCU reserves the right to enforce a statutory lien against any savings and dividends the Trust has on deposit at EP FCU if the Trust fails to satisfy a financial obligation the Trust has with EP FCU. EP FCU may enforce this right without prior notice. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including Trustees, Co-trustees, and authorized signers. 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 may be necessary for EP FCU to restrict account access pending further verification. The Trustee/Co-trustee, if checked above, hereby submits this application for EP FCU Home banking Access service. I/We understand that this service will provide the Trustees access to all existing and future accounts held in the name of the Trust. Additionally, the Trustees of a revocable but not irrevocable trust will have the ability to enroll in or access Bill Pay service for the Trust. 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 account access service if unauthorized access or transactions occur as the apparent result of negligence in safeguarding the password(s). If EP FCU is notified that I/we have included the credit union in the filing of a petition of bankruptcy, EP FCU may revoke account access service to the account. The Trustees acknowledge receipt of, and agree to, the EP FCU Home banking Access Disclosure Terms and Conditions and all amendments mailed to the address shown on EP FCU records.

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 correct taxpayer identification number for the Trust (or I am waiting for a number issued), and (2) the Trust is not subject to backup withholding because: (a) the Trust is exempt from backup withholding, or (b) the Trust has not been notified by the Internal Revenue Service (IRS) that the Trust is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Trust that it is no longer subject to backup withholding, and (3) I/we 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 Trustee (Required)	Date (MM/DD/YY)
Signature of Co-Trustee (If applicable)	Date (MM/DD/YY)

For Credit Union Use Only

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|--|--|---|---|---|
| <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 #
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