



Custodial Account Application

Please complete this form and send it to us via fax at 240-747-3379; email to memberservice@lfcu.org; drop it off at any Lafayette Federal branch location; or mail it to 2701 Tower Oaks Boulevard, Rockville, MD 20852, Attention: Member Service Department.

Principal Information

Principal's Social Security Number: _____

Principal's Member Number (credit union use only): _____

Principal's Date of Birth: _____

Principal's Name: _____

Principal's Street Address: _____

City: _____ State: _____ Zip: _____

Relationship of Principal to Custodian (if different from Member): _____

Custodian Information

Custodian's Social Security Number: _____

Custodian's Member Number (if applicable): _____

Custodian's Date of Birth: _____

Custodian's Name: _____

Custodian's Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail Address: _____

Successor Custodian's Name: _____

Successor Custodian's Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Date of Birth: _____

As Custodian for the above-named account, I am applying for a Prime Share account and the other services which I have designated with an "x" in the following boxes:

- Checking Account
- Preferred Savings Account
- Debit Card
- Online Banking
- Premier Savings Account
- Certificate (type of certificate): _____



Custodian/Member Agreement

This account shall be subject to all applicable Credit Union laws, regulations, practices and customs and the Rules and Regulations of this Credit Union for this type of account, as amended from time to time in the Credit Union's sole discretion.

Receipt of a copy of our disclosure statement is acknowledged.

By signing this membership enrollment form, you acknowledge and consent to the following identity confirmation program:

- We require original, unexpired government-issued picture identification and a taxpayer identification number.
- For non-U.S. persons we require one or more of the following:
 1. A taxpayer identification number
 2. A passport number and country of issuance
 3. An alien identification card number
 4. A number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard
- If you are mailing this application, we require that you submit a notarized copy of your picture identification.
- We may verify any information provided by you, e.g., your credit or employment report.
- We may also ask you to provide additional information that we need to verify your identity, and for other purposes related to your membership.
- Your signature on this enrollment form authorizes the Credit Union to keep a copy of any information you provide to establish your identity.

Substitute W-9 — Certification

Under penalty of perjury, I, as custodian for the principal named on this form, certify that: (1) the principal's Social Security Number is the principal's correct Taxpayer Identification Number (TIN); **and** (2) the principal is not subject to backup withholding because: **(a)** the principal is exempt from backup withholding, or **(b)** the principal has not been notified by the Internal Revenue Service (IRS) that the principal is subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified the principal that the principal is no longer subject to backup withholding, **and** (3) the principal is a U.S. person (including a U.S. resident alien).

Certification Instructions

You, the custodian, must cross out item **2** above if the principal has been notified by the IRS that the principal is currently subject to backup withholding because of under-reporting interest or dividends on the principal's tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Custodian's Signature: _____ Date: _____

Membership Officer's Signature: _____ Date: _____