

Trust 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.

Revocable Living Trust Irrevocable Living Trust Testamentary Trust (Totten)

Account Number: _____ Name of Trust: _____

Trustor's Name: _____ Taxpayer Identification Number*: _____

*For a testamentary (Totten) account, use the Trustee's name and Social Security Number. For a Living Trust: (1) if irrevocable, use the Trust's Tax I.D. Number; (2) if revocable, use either the Trustor's Social Security Number or a Trust's Tax I.D. Number.

How are you eligible for membership in Lafayette Federal?

If you are eligible for membership through our family membership program, please complete the following:

Sponsor Member's Name _____

Account Number: _____ Relationship: _____

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): _____

Designation of Trustee(s)

Trustee's Name: _____

SSN/TIN: _____ Date of Birth: _____

Address: _____

Home Telephone _____ Work Telephone: _____

E-Mail Address: _____ Mother's Maiden Name _____

Co-Trustee's Name: _____

SSN/TIN: _____ Date of Birth: _____

Address: _____

Home Telephone _____ Work Telephone: _____

E-Mail Address: _____ Mother's Maiden Name _____

If all of the named Trustees are unable or unwilling to serve as Trustees, any one of the following persons (in the order indicated) may serve as Successor Trustee for purposes of managing the Account. If the first Successor Trustee is unable or unwilling to serve as Trustee, then the second Successor Trustee may serve as Trustee.

First Successor Trustee's Name: _____

SSN/TIN: _____ Date of Birth: _____

Address: _____

Telephone: _____

Second Successor Trustee's Name: _____

SSN/TIN: _____ Date of Birth: _____

Address: _____

Telephone: _____

Designation of Beneficiaries

If the Trust is revocable, upon the death of the Trustor the funds on deposit belong to the Trustor's beneficiaries. The names of such beneficiaries are:

Name: _____

SSN/TIN: _____ Date of Birth: _____

Address: _____

Relationship to Trustor: _____

Name: _____

SSN/TIN: _____ Date of Birth: _____

Address: _____

Relationship to Trustor: _____

Name: _____

SSN/TIN: _____ Date of Birth: _____

Address: _____

Relationship to Trustor: _____

Name: _____

SSN/TIN: _____ Date of Birth: _____

Address: _____

Relationship to Trustor: _____


LAFAYETTE FEDERAL
CREDIT UNION
WWW.LFCU.ORG

The Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in payment of funds or the transaction of business for this account. The Trustee and Co-Trustee(s) (if any) of this account hereby agree that all sums (now or hereafter) paid into this Credit Union account shall be subject to withdrawal by any of them, and they acknowledge and agree that their signature without their respective designations as "Trustee" or "Co-Trustee" shall be a valid signature, and payment to any of them shall be valid and discharge the Credit Union from any liability for such payment. It is further understood that the Credit Union accepts no administrative responsibilities for the Trust other than those spelled out on this account card.

I/we agree to conform to the bylaws and policies of the Credit Union and subscribe to at least one share. I/We have received and agree to the terms and conditions of the Account Agreement, the Funds Availability and Electronic Funds Transfer Agreements, the Disclosure and the Fee Schedules.

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

- We require an original, unexpired government-issued picture identification and a Social Security Number or 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 form authorizes the Credit Union to keep a copy of any information you provide to establish your identity.

Under penalties of perjury, I certify (1) that the number shown on this form is the correct Social Security Number (SSN) or Taxpayer Identification Number (TIN) and (2) that this taxpayer is not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified the taxpayer that he/she is no longer subject to backup withholding in opening this account.

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

Trustee's Signature: _____ Date: _____

Co-Trustee's Signature: _____ Date: _____

For Credit Union Use Only:

Membership Officer: _____ Date: _____