

**IMPORTANT INFORMATION:**

To help the government fight the funding of terrorism and money laundering activities, federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your drivers' license or other identifying documents. The information you provide is protected by our privacy policy and federal law.

**Basic Information**

- New Account:**     Savings     Basic Checking     Secure Checking     Money Market  
 Term Share Certificate     Other: \_\_\_\_\_     Issue Debit Card
- Change to Existing Account:** Member Number: \_\_\_\_\_

This account agreement and certification of trust ("Agreement") is effective as of \_\_\_\_\_. The undersigned Trustee(s) of the \_\_\_\_\_ Trust, dated \_\_\_\_\_ ("Trust") authorize America's Christian Credit Union ("ACCU", "Credit Union") to establish and/or amend my/our share account(s) on the terms and conditions set forth below.

**Type of Trust**

- \_\_\_ Revocable (At least one Trustor of the Trust must be a member of the Credit Union)  
 \_\_\_ Irrevocable (All Trustors or all Beneficiaries of the Trust must be members of the Credit Union)

**Trustor(s)**

**Please list all Trustors**

- Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ TIN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
- Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ TIN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Trustee/Co-Trustee(s)**

**The Credit Union may honor transactions initiated by:**

- Any individual Co-Trustee     All Co-Trustees jointly     Any combination of \_\_\_ Co-Trustees (enter number designated by Trust)
- Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ TIN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
- Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ TIN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Successor Trustee(s):**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ TIN: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ TIN: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

A successor Trustee may only act upon the resignation, incapacity or death of the Trustee(s). The successor Trustee(s) must provide ACCU with a letter of resignation signed by the resigning Trustee(s), documentation declaring the Trustee(s) legally incapacitated, or a certified copy of the Trustee(s)' death certificate, and execute a new Trust Account Agreement. ACCU may also require a new Certification of Trust.

**Beneficiaries****Required if Trustor(s) is/are deceased. Must list *all* beneficiaries.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ TIN: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ TIN: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**For additional Trustees/Beneficiaries, please complete another Trust Account Agreement.****Membership Application**

**Please complete if the Trustor(s) or Beneficiary(ies) are not members of the Credit Union. Each individual listed below will be required to apply for membership and complete a Personal Profile. A \$2 membership fee will apply to each individual.**

Member Name: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member Name: \_\_\_\_\_

**Overdraft Protection**

Share Transfer Overdraft Protection is an optional service that helps you avoid overdrafts and returned items on your checking account by using the funds from another account for overdraft protection. Subject to the provisions of the Terms and Conditions stated in the Truth in Savings disclosure, if any action taken with regard to your checking account results in the account becoming overdrawn, you can authorize ACCU to make a transfer from another share account, in the order specified, together with any related fees by listing the accounts below:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Request for Taxpayer Identification Number**

Trust Tax Identification Number: \_\_\_\_\_ Under penalty of perjury I certify that:

- (1) the Taxpayer Identification Number (TIN)/Social Security Number shown above is the correct TIN; (2) I am not subject to backup withholding because: (a) I am exempt from backup 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 informed me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a trust). FATCA reporting does not apply.

**Certification instructions. You must 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. The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.**

Trustee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Agreement and Certification**

**This agreement affects your legal rights. The credit union makes no representation of any tax, legal, or probate advice and recommends you seek the advice of an attorney or other professional advisor concerning the interpretation or effect of any provisions of this agreement and/or the Living Trust document.**

I/We certify that the above-named Trust has not been revoked, modified, or amended in any manner which would cause the representation in this trust agreement to be incorrect or invalid. I/We agree to be bound by the terms and conditions of the account agreement and declare under penalty of perjury pursuant to the laws of the State of California that the Trust information provided is true and correct.

Furthermore, I/we acknowledge and agree that the Credit Union’s sole obligation to the Trustee(s) hereunder is as a depository institution and nothing in this Agreement or in the governing Trust instrument shall be construed to impose any duties or obligations whatsoever upon the Credit Union under the terms of the Trust or this Agreement.

By signing below I/we hereby agree that the account(s) and/or services shall be governed by the terms and conditions set forth herein the Credit Union's Disclosure(s), with which I/we have been provided and I/we agree to conform to the bylaws and amendments thereof. I/we authorize ACCU to obtain a credit and/or consumer report(s) from information services agencies to help verify the information provided in this application, for consideration of other accounts and services , and for any other lawful purpose. I/we understand that establishing membership and/or accounts is contingent on satisfactory account verification. Under penalty of perjury, I/we certify that the information provided on this form is true, correct, and complete.

Trustee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trustee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This area is for credit union use only.**

CIF #	ACCT #	ACCT #	ACCT #
Approved by		Title	Date

**Disclosures are provided to the member, in person, when the account is opened or mailed if the member is not present.**

Truth in Savings Disclosure    Account Security Disclosure    Privacy Disclosures    Fee Disclosure    Overdraft Privilege PLUS