Print Form Clear Form

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FOR OFFICE USE ONLY	
Savings #	
ID #	
Office	EMP

Certification and Agreement

Please complete all information. Please print.

TRUSTEE AND TRUST INFORMATION:

Trustee Information

Last Name | First Name | Middle Initial(s)

Address | Phone Number

City | State | ZIP

Co-Trustee Information

Last Name | First Name | Middle Initial(s)

Address | Phone Number

City | State | ZIP

Last Name | First Name | Middle Initial(s)

Address | Phone Number

City | State | ZIP

Trust Information

The Trust was created: *(Check one)*

☐ Under the will of _____, deceased, which has been duly probated.

☐ Under Trust Agreement dated _____ and known as the _____ Trust.

If created under a Trust Agreement, the Trust is: ☐ Revocable ☐ Irrevocable

The name of each person who establishes the Trust is:

_____

_____

The name of each beneficiary of the Trust is:

_____

_____

If the Trust names Co-Trustees, the Trust provides that for the purpose of opening accounts and requesting services for and in the name of the Trust. *(Check one)*

☐ One Trustee may act alone. ☐ All Trustees must act together.

☐ _____

If the Trust names Co-Trustees, the Trust provides that for the purpose of making deposits, withdrawals, transfers, or other orders for payment concerning the assets or property of the Trust. *(Check one)*

☐ One Trustee may act alone. ☐ All Trustees must act together.

The Trust provides that upon the death of the Trustee or one of the Co-Trustees. *(Check one)*

☐ The remaining Trustees may act without the appointment of a successor Co-Trustee.

☐ The deceased Trustee will be succeeded by a successor Trustee and, if the Trust identifies the successor Trustee, that successor Trustee is _____.

Address | Phone Number

City | State | ZIP

The Trust: ☐ Does ☐ Does not

Authorize the Trustee(s) to borrow money in the capacity of Trustee(s) and to pledge assets and property of the Trust to secure repayment of the money.

By signing below, I authorize CEFCU® to procure a consumer report and a QualiFile report or other similar type report on me.

Trustee Signature | Date

Co-Trustee Signature | Date

Co-Trustee Signature | Date

CERTIFICATION

The undersigned Trustee and Co-Trustee(s), if any, certify under penalty of perjury that:

(a) The Trustee, Co-Trustee and Trust Information is true and correct.

(b) The Trust is currently in full force and effect and has not been revoked, modified, or amended in any manner that would cause the representations contained in this Certification and Agreement to be incorrect.

(c) He/She/They is/are the Trustee(s) of the Trust and there are no other Trustees.

(d) If the Trust is a Living Trust created under a Trust Agreement it: is revocable and the person who established the Trust is a member of CEFCU; or it is irrevocable and either the person who established the Trust or the beneficiary of the Trust is a member of CEFCU.

(e) If the Trust is a Testamentary Trust created under a Will, the Trust is irrevocable and the person who established the Trust was a member of CEFCU at the time of his/her death or the beneficiary of the Trust is a member of CEFCU.

(f) The Trust authorizes the Trustee/Co-Trustee(s) to invest, reinvest, exchange, retain, sell and manage assets and property of the Trust, to enter into agreements for share accounts, checking accounts, certificate accounts and other similar deposit arrangements and other agreements permitting the withdrawal, transfer or other order for payment concerning the assets and property of the Trust.

(g) If he/she/they have arranged for access to the Trust assets and property through electronic funds transfer services, the Trust authorizes the Trustee(s) to initiate orders for electronic funds transfer services and that the initiation of electronic funds transfer transactions will be deemed transactions initiated in writing by virtue of the execution by the undersigned prior thereto of an electronic funds transfer services agreement.

AGREEMENT

In consideration for the creation of an account relationship between the undersigned and CEFCU, the undersigned agree and acknowledge that upon the death of a Trustee or Co-Trustee such that there is then no remaining Trustee empowered to act under the Trust, CEFCU may require the presentation of evidence satisfactory to it, including, without limitation, a copy of the Will or Trust Agreement creating the Trust, to determine the appropriate beneficiary to whom the assets are then to be distributed or by whose order the assets are then subject.

The undersigned further agree that CEFCU may rely upon the execution of this Certification and Agreement as the authority of the undersigned to act as such Trustee or Co-Trustee(s) and CEFCU shall not be required to investigate, examine or otherwise inquire into the legitimacy, authority, propriety or legality of any act or omission, including the execution of withdrawal orders, transfers or the like which the undersigned may sign, execute or otherwise give, and may so continue to rely until CEFCU receives actual notice, consisting of evidence satisfactory to it, that the Trustee or Co-Trustee(s) have died, resigned, been removed or replaced or otherwise cease to serve, or that the Trust has been revoked, terminated, or otherwise no longer exists.

TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Check the appropriate box for the Trust's federal tax classification:

☐ Trust

☐ Individual (Grantor Trust Filing under Optional Form 1099 Filing Method 1)

Name as shown on Trust's income tax return ("Taxpayer")

Taxpayer's Taxpayer Identification Number (TIN)

Under penalties of perjury, I certify that (1) the Taxpayer's TIN shown on this form is the Taxpayer's correct taxpayer identification number, (2) the Taxpayer is not subject to backup withholding because (a) the Taxpayer is exempt from backup withholding, or (b) the Taxpayer has not been notified by the Internal Revenue Service (IRS) that the Taxpayer is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Taxpayer that the Taxpayer is no longer subject to backup withholding, (3) the Taxpayer is a U.S. Citizen or other U.S. person (defined in the instructions available from CEFCU upon request), and (4) the FATCA code(s) entered on this form (if any) indicating that the Taxpayer is exempt from FATCA reporting is/are correct.

Certification Instructions: You must cross out item (2) above if the Taxpayer has been notified by the IRS that the Taxpayer is currently subject to backup withholding because the Taxpayer has failed to report all interest and dividends on the Taxpayer's tax return. No FATCA code(s) can be entered on this form, so statement (4) above does not apply.

Trustee Signature | Date