

CEFCU

Not a bank. Better.®

P.O. Box 1715, Peoria, IL 61656-1715

Savings #	
ACCOUNT NAME	
ID #	A/C Type
CHK/MMA Digit	Date
EMP	Office

Representative Payee Account Signature Card

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 for your driver's license or other identifying documents.

(For Office Use Only)

Individual Representative Payee Identity Verification

Government-Issued ID (e.g. Driver's Lic/State ID) ID Number

Place of Issue Issue Date Expiration Date

Other ID Type and ID Number

Place of Issue Issue Date Expiration Date

Organizational Representative Payee Identity Verification

Organizational Documents (e.g. Driver's Lic/Articles/Partnership Agreement)

ID Number

Place of Issue Issue Date Expiration Date

Other ID Type and ID Number

Place of Issue Issue Date Expiration Date

ID Method: DO CX CB TI P Verified by: _____

REPRESENTATIVE PAYEE INFORMATION

Please complete all information fully. Print or type.

- Mr.
 Mrs.
 Ms.

Name (Individual Representative Payee) Birthdate

Business Name (Organizational Representative Payee)

Social Security Number/Taxpayer Identification Number

Street Address

City/State/ZIP

Mailing Address (if different)

City/State/ZIP

Home Phone Cell Phone

Business Phone Email Address

Employer Job Title

Name of Nearest Relative Relationship

Address Home Phone

BENEFICIARY (ACCOUNT OWNER) INFORMATION

Name

Street Address

City/State/ZIP

Home Phone Birthdate

Note: If the Beneficiary is not a Minor and legally competent, a CEFCU® Signature Card must be completed for the Beneficiary, certifying his/her Taxpayer Identification Number, and his/her identity verified for the USA PATRIOT Act purposes.

ACCOUNT INFORMATION

Please check the box(es) below to indicate the account(s) you wish to open or currently have and the service(s) you are requesting.

- Savings Account** (required to open other accounts)
- ____ (Insert 1-35) **My Use Account(s)** (You may open up to 35 My Use accounts by inserting the number of accounts requested in the space provided.)
- Insured Money Market Account** ("IMMA")
- Checking Account** (Check One):
 Checking (non-dividend bearing)
 Dividend Checking
- Holiday Saver** (Please designate maturity date and account to be paid)
Pay at maturity (check one): October 1 or November 1
 Deposit to Representative Payee Account's:
 Savings Account
 My Use Account Suffix _____
 Checking Account
 IMMA
 Deposit to the following account:
Name _____
Account # _____ Suffix _____

TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

(By Representative Payee for a Minor or Legally Incompetent Beneficiary)

Under penalties of perjury, I, the undersigned Representative Payee, certify that: (1) the Social Security number of the Beneficiary shown on this form is his/her correct taxpayer identification number; (2) the Beneficiary is not subject to backup withholding because (a) he/she is exempt from backup withholding, or (b) he/she has not been notified by the Internal Revenue Service (IRS) that he/she is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified him/her that he/she is no longer subject to backup withholding; (3) the Beneficiary is a U.S. citizen or U.S. resident alien; and (4) the FATCA code(s) entered on this form (if any) indicating that the Beneficiary is exempt from FATCA reporting is/are correct.

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

Beneficiary's Social Security Number: _____

Representative Payee Signature _____ Date _____

CERTIFICATION AND AGREEMENT - REPRESENTATIVE PAYEE ACCOUNT

The undersigned individual or organization desires to establish a Representative Payee Account with CEFCU in the name of:

_____, Beneficiary, by _____

Representative Payee, for the investment of Social Security benefits paid to the Representative Payee for the use and benefit of the Beneficiary.

The undersigned Representative Payee certifies that:

- (a) The Commissioner of Social Security has made a certification for payment of, and he/she/it has been appointed Representative Payee to receive, the Beneficiary's Social Security benefits.
- (b) The certification for payment of, and his/her/its appointment as Representative Payee to receive, the Beneficiary's Social Security benefits has not been revoked or terminated.
- (c) He/she/it is not the legally appointed guardian or fiduciary for the Beneficiary.
- (d) The Beneficiary is a member of CEFCU or is eligible for membership in CEFCU.

The undersigned Representative Payee agrees:

- (a) to provide CEFCU with evidence satisfactory to it establishing his/her/its due appointment as Representative Payee for the Beneficiary;
- (b) to execute the Signature Card on the reverse side, opening the account in the name of the Beneficiary by the undersigned Representative Payee, and to provide CEFCU with the Beneficiary's Social Security Number and the Taxpayer Identification Number Certification on the reverse side hereof;
- (c) that CEFCU may rely upon the execution of this Certification and Agreement as the authority of the undersigned to act as Representative Payee for the Beneficiary and shall not be required to investigate, examine, or otherwise inquire into the legitimacy, authority, propriety, or legality of any act or omission of and shall not be responsible for any misuse of the Beneficiary's benefits by the Representative Payee;
- (d) that if the Representative Payee is an organization, the Board of Directors (or membership if the organization does not have a Board of Directors) has authorized by resolution the individuals signing below to sign for and in the name of the organization this Representative Payee Account Signature Card and any other agreements and/or documents relating to the Representative Payee Account and has authorized by resolution any one of the persons signing below to deposit and/or withdraw funds from the Representative Payee Account and to sign any and all withdrawal slips, checks, drafts, instructions and orders for the payment or transfer of money from the Representative Payee Account whether such instruments are payable or endorsed to the individual order of any of said persons, or tendered in payment of individual obligations or for deposit to the account or accounts of any of said persons;
- (e) and, that the account will be a Representative Payee Account and will be governed by the applicable provisions of the Social Security Act and the regulations promulgated thereunder now in effect or as hereafter amended from time to time.

REPRESENTATIVE PAYEE(S) SIGNATURE – REQUIRED

Important: The Representative Payee must sign this Representative Payee Account Signature Card ("Signature Card"). By signing this Signature Card, the Representative Payee agrees to the provisions, terms, and conditions hereof and this Certification and Agreement, the Deposit Account Agreement, the Savings & Checking Accounts Rate Schedule, the Fee Schedule, and the Funds Availability Policy, which are incorporated herein by reference; and agrees that all references to Signature Card in the Deposit Account Agreement shall refer to this Signature Card.

INDIVIDUAL REPRESENTATIVE PAYEE

Signature

Date

ORGANIZATIONAL REPRESENTATIVE PAYEE

By: _____
Name/Title

Signature

Date

By: _____
Name/Title

Signature

Date