

Trust/Estate Application



PO Box 18539
 Washington DC 20036-8539
 1 (800) 285-3286
 (202) 898-3550 fax
 www.ThePartnershipFCU.com

<input type="checkbox"/> New Account	<input type="checkbox"/> Update Account (This form supersedes any previous designation for the account(s) described in this application.)	Credit Union Membership Number:
<input type="checkbox"/> Name Change _____ <small>ENTER Previous Name for Change</small>	<input type="checkbox"/> Other	

ACCOUNT TYPE

<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Money Market Savings	<input type="checkbox"/> Holiday Club Savings	<input type="checkbox"/> Share Certificate
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ACCOUNT SERVICES

<input type="checkbox"/> Visa Check Card (Debit)	<input type="checkbox"/> Payroll Deduction/ Direct Deposit <small>Requires additional form</small>	<input type="checkbox"/> ATM Card	<input type="checkbox"/> Online Banking	<input type="checkbox"/> Basic Checks	<input type="checkbox"/> Electronic Statements
Overdraft Privilege/Protection (Checking): Automatic from regular savings.			<input type="checkbox"/> CHECK TO APPLY for Overdraft Checking Line of Credit		

MEMBERSHIP ELIGIBILITY

<input type="checkbox"/> Employer _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family Member Name / Membership # / Relationship _____	

TYPE OF TRUST

<input type="checkbox"/> Revocable Living Trust	<input type="checkbox"/> Irrevocable Living Trust	<input type="checkbox"/> Estate (new membership required)
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TRUST/ESTATE INFORMATION

NAME of Trust/Estate:	Tax ID:	
Date of Trust/Estate:	Email:	Phone:
Mailing address:		
City:	State:	Zip Code:

TRUSTEE(S) INFORMATION

NAME:	SSN:	
Date of Birth:	License/ID# /State:	
Home Phone:	Cell Phone:	Work Phone:
Physical address:		
City:	State:	Zip Code:

NAME:	SSN:	
Date of Birth:	License/ID# /State:	
Home Phone:	Cell Phone:	Work Phone:
Physical address:		
City:	State:	Zip Code:

SUCCESSOR TRUSTEE INFORMATION

NAME:	SSN:	
Date of Birth:	License/ID# /State:	Home Phone:
Physical address:		
City:	State:	Zip Code:



TRUST ACCOUNT INFORMATION

The Credit Union may not exercise discretion in the administration of the Trust. The Trustee is responsible for the use of the funds. Any Trustee who signs the Trust Account Application has access to the funds. The Credit Union may honor any withdrawal request from any Trustee and any Trustee may pledge any and all shares against a loan. Only an appropriately designated Trustee can act on behalf of the Trust in connection with the Account.

The Trustee(s) must transact all of the business (deposits, withdrawals, and closure of the accounts) in his/her representative capacity; i.e. all signatures on all agreements and authorizations must be made as Trustee, and not in the member's individual capacity. In the event of conflicting demands for funds on this Account, the Credit Union may require the signatures of all undersigned Trustees. Payment of any shares to a Trustee shall be valid and discharge the Credit Union from any liability for such payment.

P.O.D. (PAYABLE ON DEATH) BENEFICIARIES

Name:	SSN:
Name:	SSN:
Name:	SSN:

TIN CERTIFICATION AND BACKUP WITHHOLDING

Under penalties of perjury, I/we as Trustee(s) certify that:

1. The number shown on this form is the correct taxpayer identification number for the Trust/Estate,
2. The payee of dividend earnings is not subject to backup withholding because: (a) The payee exempt from backup withholding, or (b) the payee has not been notified by the Internal Revenue Service (IRS) that the Trust is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the dividend payee that the payee is no longer subject to backup withholding, and
3. The dividend payee is a U.S. person (including a U.S. resident alien)

Certification Instructions: 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

TRUSTEE(S) SIGNATURES AND MEMBERSHIP AGREEMENT

As Trustee(s) and by signing below, I/we hereby make application for membership in The Partnership Federal Credit Union and agree to subscribe for at least one share. I/we certify that the information provided on this Trust/Estate Application is true and correct and understand that my/our signature(s) as Trustee(s) on this application apply to all Accounts under the Trust name and replaces any prior request and authorizations. I/we agree to conform to the Credit Union's rules, regulations, bylaws and policies now in effect and as amended or adopted hereafter. I/we acknowledge receipt of the Credit Union's Account Agreement, Truth-in-Savings, Rate & Fee Schedule and Account Disclosure, Availability of Funds Disclosure and Electronic Funds Transfer Services Disclosure which are incorporated into and made a part of this application and agree to the terms and conditions set forth therein and to any amendments the Credit Union makes from time to time. I/we agree that the Credit Union may charge against the Trust any debt owed by the Trust or Trustee(s) to the Credit Union, now or in the future, without going through any legal process or court proceedings. I/we agree that the Credit Union may access salary, employment and credit information concerning the Trust now and/or in the future and understand that my/our Application to establish an account will be verified through an account verification service.

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

Trust/Estate Name (printed):	Date:
Trustee's Signature: X	Date:
Trustee's Signature: X	Date:

CREDIT UNION USE ONLY

Date Opened or Updated:	Opened or Updated by:	TeleCheck <input type="checkbox"/> Approved _____ <input type="checkbox"/> Failed Enter Approval #
Verification: OFAC: <input type="checkbox"/>	SS: <input type="checkbox"/>	DL / ID: <input type="checkbox"/>
	Fraud List: <input type="checkbox"/>	Address: <input type="checkbox"/>
	Credit Report: <input type="checkbox"/>	
Membership Officer Name:	Signature:	Date: