



Please mail to:
Oakland University Credit Union
PO Box 1208
East Lansing, MI 48826-1208

- ☐ New Account
☐ Name Change
☐ Trustee Change

Account Number

Trust Account Application

SECTION A

ELIGIBILITY

All owners of the trust must either be 1) a current OU Credit Union member, or 2) be eligible for membership to open a Trust Account. Any and all personal accounts must be in good standing.

ELIGIBILITY: You must be eligible for membership to open an account.

- | | |
|---|---|
| <input type="checkbox"/> Faculty, Staff, or Student of OU | <input type="checkbox"/> Work on OU campus and under control of school's governing bodies |
| <input type="checkbox"/> OU Alumni Association member | <input type="checkbox"/> Employee of Select Employee Groups |
| <input type="checkbox"/> Member of Michigan United Conservation Clubs | <input type="checkbox"/> Immediate family members of above eligible groups |
| | <input type="checkbox"/> Individual living in household of above eligible groups making up an economic unit |

Required Documentation:

- ☐ **Certificate of Trust** (Duplicate or original accepted; may use OU Credit Union's form or existing Certificate of Trust.)

SECTION B

APPLICATION INFORMATION — PLEASE PRINT

Name of Trust		Date of Trust		Tax Identification #
Mailing Address—Street & Apt. #		City	State	Zip
Trustee #1 - Name (First, Middle, Last)		Mailing Address (if different from trust address above)		
Email	Date of Birth	Cell Phone	Social Security #	Driver's License #
		Home Phone		
Trustee #2 - Name (First, Middle, Last)		Mailing Address (if different from trust address above)		
Email	Date of Birth	Cell Phone	Social Security #	Driver's License #
		Home Phone		
Trustee #3 - Name (First, Middle, Last)		Mailing Address (if different from trust address above)		
Email	Date of Birth	Cell Phone	Social Security #	Driver's License #
		Home Phone		

SECTION C

TAXPAYER IDENTIFICATION NUMBER IRS CERTIFICATION

Under penalties of perjury, I certify, as Settlor-Trustee: (1) that the number shown on this form is my correct Social Security Number, and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

I am a U.S. person (including a U.S. resident alien).

Signature of Trustee #1 _____ Date _____

Strike out the language in (2) above if the IRS has notified you that you are not subject to backup withholding and has not terminated that notification.

Oakland University Credit Union is a licensed trade name for Michigan State University Federal Credit Union (MSUFCU). All legal documents and Federal Reserve transactions will be between you and MSUFCU. Michigan State University Federal Credit Union savings are federally insured to at least \$250,000 by the NCUA and backed by the full faith and credit of the United States Government. Specific features, rates and fees of credit union services are subject to change without notice.

SECTION D

MEMBERSHIP AND ACCOUNT AGREEMENT

By signing below, I hereby make application for membership in, and agree to abide by the bylaws and amendments of, Oakland University Credit Union. I acknowledge receiving a copy of the terms and conditions applicable to each deposit account or service that I open concurrently with this application and agree to be bound by those terms. I further understand and agree that I shall be bound by the terms and conditions of any other deposit account or service that I may later open. I/We hereby authorize OU Credit Union to check my/our credit and employment history(ies) and to answer questions about OU Credit Union's credit experience with me/us.

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 you for your name, address, date of birth, and other information that will allow us to identify you. We may ask for your driver's license or other identifying documents.

Signature of Trustee #1 _____

Signature of Trustee #2 _____

Signature of Trustee #3 _____

ACCOUNT SERVICES SELECTION

By checking below, I/we agree to apply for/request the selected service(s):



TOTALLY GOLD CHECKING ACCOUNT

Please note: Totally Green Checking requires VISA DEBIT CARD, eStatements/eNotices, COMPUTERLINE ACCESS, AND DIRECT DEPOSIT IF AVAILABLE.

By selecting Totally Green Checking, I/we also select eStatements as my/our official account statement and agree that the eStatement notification will be sent to the email address noted above. I/we agree to open and read the eStatement disclosure and confirmation that will be sent to the email address above.



Classic Checking Account



Money Market Checking Account

ADDITIONAL ACCOUNT SERVICES:



Visa Debit Card - # of Visa Debit Cards _____



Transaction eNotices (NSF, Courtesy Pay, Overdraft)



eStatements



Payment eNotices (Loan Payment & Late Notices)

SECTION E

TERMS AND CONDITIONS OF ACCOUNT

The following terms and conditions apply to this account:

- All sums paid to OU Credit Union on shares/deposits (less setoffs allowed by law and/or provided by contract) shall be paid on proper withdrawal demand. Such demand must be made by the Settlor-Trustee as indicated below. OU Credit Union has no responsibility to follow the application of the funds withdrawn from this account.
- Only methods approved by OU Credit Union may be used to make withdrawals from this account.
- All non-cash payments received in this account will be credited subject to final payment.
- Any objection to an item shown on a periodic statement of this account must be made in writing to OU Credit Union within 60 days of the statement being mailed. If the objection is not made in writing within 60 days, it is waived.
- This account is subject to OU Credit Union's right to require advance notice of withdrawal, as provided in OU Credit Union's bylaws.
- This account is also subject to other such terms and conditions as OU Credit Union may establish from time to time. OU Credit Union may change the terms and conditions of this account upon giving 15-days advance written notice. Notice may be given by U.S. Mail, first class, postage prepaid, to the last known address of the Settlor-Trustee(s) as reflected in OU Credit Union's records.
- OU Credit Union will act in accordance with the terms and conditions of the most recent information provided to OU Credit Union regarding the provisions of the trust document. Furthermore, OU Credit Union is not bound by any changes to the trust document of which it has not received written notice.

By signing below, I/we agree that all Trustees may act independently on any assets held in the trust account held at OU Credit Union.

Signature of Trustee #1 _____ Date _____

Signature of Trustee #2 _____ Date _____

Signature of Trustee #3 _____ Date _____

For Office Use Only

Account opened by (Emp ID#) _____

Membership approval by (Emp ID#) _____

Date _____

