



**TRUST AS BENEFICIARY DOCUMENTATION**

Account #: \_\_\_\_\_

Primary Acct Holder Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Joint Acct Holder Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**TRUST AS BENEFICIARY**

Name of Trust: \_\_\_\_\_

Attorney: \_\_\_\_\_

Attorney Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attorney Phone: \_\_\_\_\_ % of Proceeds: \_\_\_\_\_

*Yes, I have additional beneficiaries. (Please attach a copy of the additional beneficiaries form.)*

***Please enclose a copy of the trust or certificate of trust, along with the names, addresses, dates of birth and social security numbers of all members of the trust.***

Note: It is the responsibility of you to maintain the trust and provide the credit union any updates to the trust. The credit union will not be responsible for the trust or updating its records unless notified by the primary account holder, joint account holder or other legally named designee.

***By signing below, I/we certify under penalties of perjury, that the information provided on this Application is true, correct and complete. I/we further certify that I/we accept all terms, conditions and disclosures.***

Signature of Primary Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Joint Member: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_