



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: _____

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

Please enclose a copy of the 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: _____