



<b>Internal Use Only</b>
ACCOUNT ENDING IN: _____
TLR #: _____

# Trust Membership Application

**IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 also ask to see your driver's license or other identifying documents.

It is understood that the Credit Union will rely upon the statements and information provided below to facilitate any account and/or account services for the Trust in question. The Credit Union makes no representation or warranties regarding any person's NCUSIF coverage, and refers interested parties to: your individual legal counsel and to NCUA. You may wish to use NCUA's Insurance Calculator, which can be accessed at: <http://webapps.ncua.gov/ins/calculator.html>.

## TRUST INFORMATION

**Type of Trust (You must check one):** ☐ Revocable ☐ Irrevocable ☐ Qualified Income (QIT)

Trust Name: \_\_\_\_\_ Trust Established Date: \_\_\_\_\_

Trust EIN (Employer Identification Number) #: \_\_\_\_\_ or SSN (Social Security Number) #: \_\_\_\_\_

Trust mailing address: \_\_\_\_\_

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

**Per the Patriot act, if you list a P.O. Box for the mailing address, you must also provide a physical address:**

Physical Address: \_\_\_\_\_

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

**WE WILL USE THE EIN OR SSN PROVIDED ABOVE FOR THIS ACCOUNT IN REGARD TO ALL GOVERNMENTAL REPORTING, INCLUDING ANY REPORTING REQUIRED TO BE GIVEN TO THE IRS.** You should consult with legal counsel regarding this selection, which may affect taxation and estate/probate issues; the Credit Union provides no advice or recommendation this regard.

☐ **TRUSTEE** ☐ **CO-TRUSTEE** ☐ **GRANTOR**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Residential Address: \_\_\_\_\_

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

SSN #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ US Citizen: ☐ Yes ☐ No

Resident Alien: ☐ Yes ☐ No Country of Citizenship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Membership Eligibility:

☐ County or Partner Group Specify: \_\_\_\_\_  
☐ Related to eligible member Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Residential Address: \_\_\_\_\_

City:\_\_\_\_\_State:\_\_\_\_\_Zip:\_\_\_\_\_

SSN #:\_\_\_\_\_Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_US Citizen: ☐ Yes ☐ No

Resident Alien: ☐Yes ☐No Country of Citizenship: \_\_\_\_\_

Home Phone#:\_\_\_\_\_Mobile Phone #:\_\_\_\_\_Email Address: \_\_\_\_\_

Employer:\_\_\_\_\_

Occupation:\_\_\_\_\_Work Phone:\_\_\_\_\_

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Resident Alien: ☐Yes ☐No Country of Citizenship: \_\_\_\_\_

Home Phone#:\_\_\_\_\_Mobile Phone #:\_\_\_\_\_Email Address: \_\_\_\_\_

Employer:\_\_\_\_\_

Occupation:\_\_\_\_\_Work Phone:\_\_\_\_\_

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SSN #:\_\_\_\_\_Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_US Citizen: ☐ Yes ☐ No

Resident Alien: ☐Yes ☐No Country of Citizenship: \_\_\_\_\_

Home Phone#:\_\_\_\_\_Mobile Phone #:\_\_\_\_\_Email Address: \_\_\_\_\_

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Occupation:\_\_\_\_\_Work Phone:\_\_\_\_\_

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Resident Alien: ☐ Yes ☐ No Country of Citizenship: \_\_\_\_\_

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Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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### Account Holder Information – PLEASE READ

**SIGNATURES, CONSENTS AND AGREEMENTS:** Each applicant, authorized user or other party signing this application (together here in referred to as “applicant(s)”) hereby makes application for the account(s)/service(s) and/or membership as indicated and agrees to conform to the Bylaws, as maybe amended, of LGE Community Credit Union (“Credit Union”). I certify that I am within the field of membership of this Credit Union if membership is requested. I/we certify the signature(s) on this application apply to all accounts designated on this application; and all information provided is true and correct. I also acknowledge that I have received and agree to be bound by any terms and conditions on this application, and in the Credit Union Membership Account Agreement (MAA), Truth-in-Savings Act, Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. Applicants specifically consent that the Credit Union may report information concerning their account(s)/service(s) to others; and that we may provide the reasons should we determine you to be ineligible for any services or to be an authorized person/ user to the other applicants. All present and future deposits to the account(s) designated on this application secure payment of any account owner’s obligations to the Credit Union. This application authorizes the Credit Union to open future sub-accounts and/or services in the names of the owners or Account Title listed on this application.

**BANK SECRECY ACT DISCLOSURES:** I understand and agree that the Patriot’s Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.

**FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION: UNDER PENALTIES OF PERJURY, EACH SIGNING PARTY CERTIFIES THAT: (1) THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER, (2) I AM NOT SUBJECT TO BACKUP WITHHOLDING BECAUSE: (A) I AM EXEMPT FROM BACK-UP WITHHOLDING UNDER FEDERAL LAWS OR A SPECIFIC FATCA EXEMPT PAYEE CODE [ ] ENTER CODE HERE FROM W-9 INSTRUCTIONS, OR (B) I HAVE NOT BEEN NOTIFIED BY THE INTERNAL REVENUE SERVICE (IRS) THAT I AM SUBJECT TO BACKUP WITHHOLDING AS A RESULT OF A FAILURE TO REPORT ALL INTEREST OR DIVIDENDS, OR (C) THE IRS HAS NOTIFIED ME THAT I AM NO LONGER SUBJECT TO BACKUP WITHHOLDING, AND (3) I AM A U.S. PERSON (INCLUDING A U.S. RESIDENT ALIEN). COMPLETE A W-8 BEN IF YOU ARE NOT A U.S. PERSON.**

**COMMUNICATIONS CONSENT:** You agree that LGE Community Credit Union may from time to time make calls and/or send text messages to you at any telephone number(s) you provide to us, including residential numbers and wireless numbers that could result in data usage and charges to you. This is so that we can service and keep you informed about your account(s) (including loans, if any), collect any amounts you owe us, provide access codes, and /or provide fraud, security breach, or identity theft alerts. You also agree that you may be contacted by any related affiliates, third-parties, or our service providers that are making such call/texts on our behalf. The manner in which these calls or text messages may be made to you include, but not limited to, the use of prerecorded/artificial voice messages and automatic telephone dialing systems. You may revoke your consent or change the telephone number provided at any time by: (1) calling us at (770) 424-0060 during member service hours, (2) sending a secure message through Online Banking, (3) writing us at LGE Community Credit Union, Attn. Member Services, Po Box 1188, Marietta, GA 30061, or (4) visiting a branch near you.

☐ Yes ☐ No By selecting Yes and submitting your application, you expressly consent to LGE Community Credit Union contacting you at any residential or cellular telephone number you provide, using any lawful means including automatic telephone dialing systems and prerecorded or artificial voice messages, for marketing purposes. You understand that you are not required to provide consent as a condition to receive our products or services. You understand that standard data, message, or calling rates may apply. You may withdraw your consent or update your contact information at any time by notifying us in writing, by phone, by email, or any other reasonable means.

**SIGNATURES OF PARTIES ESTABLISHING TRUST ACCOUNTS AND/OR SERVICES:** The undersigned represent and warrant their authority to act on behalf of and legally bind the Trust individually pursuant to the Trust Agreement and applicable law, and agree to fully indemnify and hold the Credit Union harmless if the Credit Union is subjected to any claims or liabilities as a result of its reliance or acting upon such authority. The undersigned are also certifying that all Trustees, Successor Trustees and Beneficiaries are in the Field of Membership for LGE Community Credit Union. Statements and other information regarding accounts and services will be provided to the Trustee(s) for the accounts/or services provided for, to or on behalf of the Trust identified herein and in the Membership Account Agreement.

By my/our signature(s) below or my/our e-signature, I/we authorize LGE Community Credit Union to verify the information submitted and to obtain consumer reports and any other information concerning any accounts with other institutions or reporting agencies, as may be required regarding the statements made above. All present and future deposits to the account(s) designated on this application secure payment of any account owner's obligations to the Credit Union. This application authorizes the Credit Union to open future sub-accounts and/or services in the names of the Business, or Account Title listed on this application.

**INTERNAL REVENUE CODE: THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE THE APPLICANT'S CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.**

**SIGNATURES**

**Trustee/Co-Trustee:**

**Date:**