



PO Box 2328  
 Springfield, MO 65801  
 Ph: 417-831-4398  
 Fax: 417-831-5454

## Living Trust Account Card

### LIVING TRUST MEMBERSHIP APPLICATION AND OWNERSHIP INFORMATION

**Account Title:**

Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone:  Listed  Unlisted  
 Alternate Phone:  Listed  Unlisted

**Member No:** \_\_\_\_\_

Trust SSN/TIN: \_\_\_\_\_  
 Password: \_\_\_\_\_

### TRUSTEE INFORMATION

**Trustee:** \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_  
 Membership Eligibility: \_\_\_\_\_

**Trustee:** \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_  
 Membership Eligibility: \_\_\_\_\_

### GRANTOR INFORMATION

**Name of Grantor:** \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_  
 Same as Trustee  Different from Trustee  
 Membership Eligibility if Grantor is different from Trustee: \_\_\_\_\_

**Name of Grantor:** \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_  
 Same as Trustee  Different from Trustee  
 Membership Eligibility if Grantor is different from Trustee: \_\_\_\_\_

### SUCCESSOR TRUSTEE(S)

**Name of Successor Trustee:** \_\_\_\_\_ **Name of Successor Trustee:** \_\_\_\_\_

### BENEFICIARY INFORMATION

**Beneficiary:** \_\_\_\_\_ **Beneficiary:** \_\_\_\_\_  
 Membership Eligibility: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_

**Beneficiary:** \_\_\_\_\_ **Beneficiary:** \_\_\_\_\_  
 Membership Eligibility: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_

### ACCOUNT TYPE

On behalf of the trust named in the "LIVING TRUST MEMBERSHIP APPLICATION AND OWNERSHIP INFORMATION" section, the trustee(s) signed hereon request(s) membership for the trust in the Credit Union and request to open the following accounts:

Suffix	Suffix
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Other: _____

The account number for each of the accounts listed consists of the suffix number listed for the account added to the end of the Member Number listed in the "LIVING TRUST MEMBERSHIP APPLICATION AND OWNERSHIP INFORMATION" section. If this document applies to more than one account of the same type, more than one suffix will be listed for that account type.

### ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:  
 Audio Response:  
 Overdraft Protection (Indicate transfer priority.):  
 ATM Card:  Debit Card:  
 PC Access/Internet Banking:  
 Other:

### TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

**Under penalties of perjury, the trustee(s) signed on this document certify that:**

- (1) The number shown on this form is my correct taxpayer identification number for the trust (or I am waiting for a number to be issued), and
- (2) The payee of dividend or interest earnings is not subject to backup withholding because: (a) the payee is exempt from backup withholding, or (b) payee has not been notified by the Internal Revenue Service (IRS) that the payee is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the payee that the payee is no longer subject to backup withholding, and
- (3) The payee of dividend or interest earnings is a U.S. citizen or other U.S. person. For federal tax purposes, the payee is considered a U.S. person if the payee is: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
- (4) The FATCA code(s) entered on this form (if any) indicating that the payee of dividend or interest earnings is exempt from FATCA reporting is correct.

**Certification Instructions.** Cross out item 2 above if the payee of dividend or interest earnings has been notified by the IRS that the payee is currently subject to backup withholding because the payee has failed to report all interest and dividends on the payee's tax return. Complete a W-8 BEN if the payee is not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

**TRUSTEE CERTIFICATIONS**

By signing below, the trustee (whether one or more) certifies that he/she is a trustee for the living trust named on this document and is authorized to establish accounts at this Credit Union to which funds belonging to the named living trust shall be deposited. Under the terms of the document(s) creating and governing the trust, any trustee (including a successor trustee that has assumed the role of trustee) is authorized without limitation to make any instruction or execute any transaction on an account owned by the trust as if the trustee owned the account personally and alone. The trustee certifies that the terms of the trust documents are not in conflict with any term contained in this document. In addition, the trustee certifies that he/she is authorized to execute any additional agreement(s) necessary to make a transaction or cause the Credit Union to follow an instruction or order.

**AGREEMENT AND AUTHORIZATION**

The accounts listed under the "ACCOUNT TYPE" section are owned solely by the living trust named hereon. Any such living trust exists by a written trust document that is separate from this agreement and does not include a fiduciary account arising from a fiduciary relationship such as between an attorney and a client. Upon request of the Credit Union, the trustee (whether one or more) signed below, agrees to provide copies of all trust documents, including any amendments, in accordance with applicable state law and Credit Union policies. All statements and notices regarding accounts will be mailed to the address listed for the trust unless the Credit Union receives written notification of a different address. The Credit Union is authorized to comply with the direction of any trustee concerning any transaction or instruction on an account. This authorization includes, but is not limited to: complying with orders in writing, by telephone or electronically for the transfer or withdrawal of funds; certifying or paying funds to any party by draft, check, internal or electronic transfer; cashing checks and drafts payable to the trust and endorsed by any trustee, disbursing a portion of any deposit of such checks and drafts in cash or accepting such checks and drafts for negotiation; and pledging, assigning or granting a security interest in all or part of the funds on deposit to secure any obligation to the Credit Union.

Requests for withdrawal, orders for payment or other transactions on the trust's account(s) evidenced by a trustee's signature may be honored even if the trustee omits the title "trustee" from his or her signature or otherwise fails to indicate a representative capacity, the intent being that the trustee is acting in a representative capacity.

The authorization and certifications made on this document shall continue in effect until the Credit Union receives written notification of a change from a trustee. The Credit Union shall have no duty to inquire about the use or purpose of any transaction unless the Credit Union has actual knowledge that a trustee is acting without authority.

The Credit Union reserves the right to require written consent of all trustees for any transaction on an account, including a transfer or withdrawal of funds, or for a change or termination of an account. If the Credit Union receives notice concerning a dispute over an account or inconsistent instructions from trustees, the Credit Union may suspend or terminate the account or require a court order or written consent from all trustees to act.

The trustee(s), personally and as representative for the trust, agrees to indemnify and hold the Credit Union harmless from any and all claims, suits, actions, damages, judgments, liabilities, losses, costs, charges and expenses, including court costs and attorney's fees that the Credit Union shall or may sustain resulting from a trustee's misconduct or misrepresentation.

Successor trustee(s) shall assume the role and responsibilities of the trustee according to provisions set forth in separate document(s) creating and governing the trust. Successor trustees must provide evidence documenting authority to assume the role and responsibilities of a trustee.

On behalf of the above named trust, the trustee(s) signed below agrees to the terms and conditions contained herein and of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, and Privacy Disclosure, as applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. The trustee acknowledges receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, the trustee agrees to the terms of and acknowledges receipt of the Electronic Fund Transfers Agreement and Disclosure. This agreement and authorization includes the certifications on this form.

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

Trustee Signature	Date
<b>X</b>	

Trustee Signature	Date
<b>X</b>	

**FOR CREDIT UNION USE ONLY**

Loan Approved By:

\$ Amount Approved:

Opening Approved by:

Date of Membership:

Membership Verification:

- Credit Report
- Access Report

- Check Verify
- Audio Response

- PIN Request
- PC Access/Internet Banking