



## Uniform Trust To Minors Account Application

Please complete this form and send it to us via fax at 240-747-3379; email to memberservice@lfcu.org; drop it off at any Lafayette Federal branch location; or mail it to 2701 Tower Oaks Boulevard, Rockville, MD 20852, Attention: Member Service Department.

### Child/Minor Information

Minor's Social Security Number: \_\_\_\_\_

Minor's Member Number (credit union use only): \_\_\_\_\_

Minor's Date of Birth: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Minor's Street Address: \_\_\_\_\_

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

Relationship of Minor to Custodian (if different from Member): \_\_\_\_\_

### Custodian Information

Custodian's Social Security Number: \_\_\_\_\_

Custodian's Member Number (if applicable): \_\_\_\_\_

Custodian's Date of Birth: \_\_\_\_\_

Custodian's Name: \_\_\_\_\_

Custodian's Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Successor Custodian's Name (required): \_\_\_\_\_

Successor Custodian's Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

As Custodian for the above-named minor, I am applying for a Prime Share account and the other services which I have designated with an "x" in the following boxes:

- Checking Account
- Preferred Savings Account
- Debit Card
- Online Banking
- Premier Savings Account
- Certificate (type of certificate): \_\_\_\_\_

## Custodian/Member Agreement

This account shall be subject to all applicable Credit Union laws, regulations, practices and customs and the Rules and Regulations of this Credit Union for this type of account, as amended from time to time in the Credit Union's sole discretion.

**Receipt of a copy of our disclosure statement is acknowledged.**

By signing this membership enrollment form, you acknowledge and consent to the following identity confirmation program:

- We require original, unexpired government-issued picture identification and a taxpayer identification number.
- For non-U.S. persons we require one or more of the following:
  1. A taxpayer identification number
  2. A passport number and country of issuance
  3. An alien identification card number
  4. A number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard
- If you are mailing this application, we require that you submit a notarized copy of your picture identification.
- We may verify any information provided by you, e.g., your credit or employment report.
- We may also ask you to provide additional information that we need to verify your identity, and for other purposes related to your membership.
- Your signature on this enrollment form authorizes the Credit Union to keep a copy of any information you provide to establish your identity.

## Substitute W-9 — Certification

Under penalty of perjury, I, as custodian for the minor named on this form, certify that: (1) the minor's Social Security Number is the minor's correct Taxpayer Identification Number (TIN); **and** (2) the minor is not subject to backup withholding because: **(a)** the minor is exempt from backup withholding, or **(b)** the minor has not been notified by the Internal Revenue Service (IRS) that the minor is subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified the minor that the minor is no longer subject to backup withholding, **and** (3) the minor is a U.S. person (including a U.S. resident alien).

### Certification Instructions

You, the custodian, must cross out item **2** above if the minor has been notified by the IRS that the minor is currently subject to backup withholding because of under-reporting interest or dividends on the minor's tax return.

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

Custodian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_