

Trust Account Application & Signature Card



Simply bring this completed and notarized Trust Account application to your local branch or mail it to us with **a copy of each Trustee's valid identification**. All Trustees must be eligible for Credit Union membership and be allowed to act independently on the Trust. Wings will only open Trust Accounts for Trusts that have not been terminated or revoked.

Intent of Application:

☐ Open New Account for Trust ☐ Recertification/Signer Change

☐ Retitle Existing Account(s) to a Trust *(please list account numbers to be retitled):*

_____	_____	_____
_____	_____	_____
_____	_____	_____

Certificate of Trust**Trust Information**

Full Name of Trust			
Mailing Address	City	State	ZIP Code
Wings ID	U.S. Tax Identification Number	Phone Number	<input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone
Date of Trust Instrument	The trust <input type="checkbox"/> has <input type="checkbox"/> has not <i>(check one)</i> been terminated or revoked.		
Number of Trustees Required to Act	Are the Trustees allowed to act independently? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Grantor Information *(required)*

First Grantor Name	Wings ID
Date of Birth	U.S. Tax Identification Number
<input type="checkbox"/> By checking this box I certify this individual is a U.S. Citizen or Resident Alien.	
Second Grantor Name	Wings ID
Date of Birth	U.S. Tax Identification Number
<input type="checkbox"/> By checking this box I certify this individual is a U.S. Citizen or Resident Alien.	

Beneficiary Information *(required)*

Beneficiary #1 Name	Wings ID
Date of Birth	U.S. Tax Identification Number
<input type="checkbox"/> By checking this box I certify this individual is a U.S. Citizen or Resident Alien.	
Beneficiary #2 Name	Wings ID
Date of Birth	U.S. Tax Identification Number
<input type="checkbox"/> By checking this box I certify this individual is a U.S. Citizen or Resident Alien.	
Beneficiary #3 Name	Wings ID
Date of Birth	U.S. Tax Identification Number
<input type="checkbox"/> By checking this box I certify this individual is a U.S. Citizen or Resident Alien.	

Beneficiary Information *(continued)*

Beneficiary #4 Name _____		Wings ID _____
Date of Birth _____	U.S. Tax Identification Number _____	<input type="checkbox"/> By checking this box I certify this individual is a U.S. Citizen or Resident Alien.
Beneficiary #5 Name _____		Wings ID _____
Date of Birth _____	U.S. Tax Identification Number _____	<input type="checkbox"/> By checking this box I certify this individual is a U.S. Citizen or Resident Alien.
Beneficiary #6 Name _____		Wings ID _____
Date of Birth _____	U.S. Tax Identification Number _____	<input type="checkbox"/> By checking this box I certify this individual is a U.S. Citizen or Resident Alien.

Trustee #1 Information

Trustee #1 Name _____		Wings ID _____
Date of Birth _____	U.S. Tax Identification Number _____	<input type="checkbox"/> By checking this box I certify that I am a U.S. Citizen or Resident Alien.
Residence Address <i>(cannot be P.O. Box)</i> _____	City _____	State _____ ZIP Code _____
Mailing Address <i>(if different from above)</i> _____	City _____	State _____ ZIP Code _____
Phone Number _____	<input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone	Email Address _____
Place of Birth <i>(City/State)</i> _____	Occupation/Previous Occupation _____	<input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed
ID Number _____	Issuing State/Country _____	ID Expiration Date _____
ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID		

Trustee #1 Membership Eligibility – Please refer to wingscu.com/membership for eligibility information.

- | | |
|---|---|
| <input type="checkbox"/> I live or work in an eligible county. | <input type="checkbox"/> I am an employee of a qualified employer. |
| <input type="checkbox"/> I live or work in the Seattle/Tacoma metro area. | <input type="checkbox"/> I am an air transportation employee/retiree. |
| <input type="checkbox"/> I am an immediate family member of an eligible individual. | |

Trustee #2 Information

Trustee #2 Name		Wings ID	
Date of Birth	U.S. Tax Identification Number	<input type="checkbox"/> By checking this box I certify that I am a U.S. Citizen or Resident Alien.	
Residence Address <i>(cannot be P.O. Box)</i>	City	State	ZIP Code
Mailing Address <i>(if different from above)</i>	City	State	ZIP Code
Phone Number	<input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone	Email Address	
Place of Birth <i>(City/State)</i>	Occupation/Previous Occupation	<input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed	
ID Number	Issuing State/Country	ID Expiration Date	
ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID			

Trustee #2 Membership Eligibility - Please refer to wingscu.com/membership for eligibility information.

- | | |
|---|---|
| <input type="checkbox"/> I live or work in an eligible county. | <input type="checkbox"/> I am an employee of a qualified employer. |
| <input type="checkbox"/> I live or work in the Seattle/Tacoma metro area. | <input type="checkbox"/> I am an air transportation employee/retiree. |
| <input type="checkbox"/> I am an immediate family member of an eligible individual. | |

Trustee #3 Information

Trustee #3 Name		Wings ID	
Date of Birth	U.S. Tax Identification Number	<input type="checkbox"/> By checking this box I certify that I am a U.S. Citizen or Resident Alien.	
Residence Address <i>(cannot be P.O. Box)</i>	City	State	ZIP Code
Mailing Address <i>(if different from above)</i>	City	State	ZIP Code
Phone Number	<input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone	Email Address	
Place of Birth <i>(City/State)</i>	Occupation/Previous Occupation	<input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed	
ID Number	Issuing State/Country	ID Expiration Date	
ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID			

Trustee #3 Membership Eligibility - Please refer to wingscu.com/membership for eligibility information.

- | | |
|---|---|
| <input type="checkbox"/> I live or work in an eligible county. | <input type="checkbox"/> I am an employee of a qualified employer. |
| <input type="checkbox"/> I live or work in the Seattle/Tacoma metro area. | <input type="checkbox"/> I am an air transportation employee/retiree. |
| <input type="checkbox"/> I am an immediate family member of an eligible individual. | |

Successor Trustee Information

Successor Trustee #1 Name		Wings ID
Date of Birth	U.S. Tax Identification Number	<input type="checkbox"/> By checking this box I certify this individual is a U.S. Citizen or Resident Alien.
Successor Trustee #2 Name		Wings ID
Date of Birth	U.S. Tax Identification Number	<input type="checkbox"/> By checking this box I certify this individual is a U.S. Citizen or Resident Alien.
Successor Trustee #3 Name		Wings ID
Date of Birth	U.S. Tax Identification Number	<input type="checkbox"/> By checking this box I certify this individual is a U.S. Citizen or Resident Alien.
Successor Trustee #4 Name		Wings ID
Date of Birth	U.S. Tax Identification Number	<input type="checkbox"/> By checking this box I certify this individual is a U.S. Citizen or Resident Alien.
Successor Trustee #5 Name		Wings ID
Date of Birth	U.S. Tax Identification Number	<input type="checkbox"/> By checking this box I certify this individual is a U.S. Citizen or Resident Alien.
Successor Trustee #6 Name		Wings ID
Date of Birth	U.S. Tax Identification Number	<input type="checkbox"/> By checking this box I certify this individual is a U.S. Citizen or Resident Alien.

Certification of Taxpayer ID Number & Backup Withholding

By signing below I certify under penalty of perjury that the U.S. Tax Identification Number shown is the correct tax identification number for this Trust and that the Trust is **NOT** subject to backup withholding because it has not been notified that it is subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS has notified the Trust that it is no longer subject to backup withholding.

NOTE: If the Trust **IS** subject to backup withholding, check here: ☐

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

Consent to Contact Wireless Telephone

Members of Wings Financial Credit Union ("Wings") have access to market competitive financial products and services. We'd like to contact you from time to time and ensure the products and services you utilize are tailored to your needs and expectations. Wings is required to get consent to contact you at the wireless telephone number provided. By initialing below, you agree that we may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e., cell phone numbers), which may result in charge to you. You agree that we may contact you in order to service your account, prevent fraud, collect any amounts owed to us, and for informational and telemarketing purposes as permitted by law. You further agree that methods of contact may include the use of pre-recorded or artificial voice messages and/or the use of an automatic dialing system. You understand that you are not required to agree to this provision as a condition of purchasing any property, goods, or services. You agree that you have the authority to give consent regarding the wireless number provided.

Trustee #1 Consent:

Trustee #2 Consent:

Trustee #3 Consent:

Please Initial

Please Initial

Please Initial

Agreement & Signatures

The above-named Trust makes application for membership in Wings Financial Credit Union and all Trustees agree to conform to its bylaws or any amendments thereto and subscribe to at least one share. The Trustees are authorized by the Trust to sell, convey, pledge, mortgage, lease, or transfer title to any interest in real or personal property, **EXCEPT** as limited by the following (if not limited, please indicate):

Trustee Limitations _____ ☐ **NO LIMITATIONS**

All trustees must be eligible for membership with Wings Financial Credit Union. The undersigned acknowledges receipt of and agrees to a full and complete list of rules and regulations (Account Agreement & Disclosure), and a fee schedule concerning the account. Also, all of the undersigned certify, under penalty of perjury, that all information furnished on this application is true and correct. Any monies may be deposited or withdrawn, subject to the bylaws and rules of Wings, upon any one of the signatures below. Wings is required to, and will, verify identity for all applicants/owners by obtaining a debit and/or credit report. I authorize Wings to obtain and use debit and/or credit reports in connection with this account application and for the purpose of considering me for additional financial products and services both now and in the future.

The undersigned hereby certifies that the statements contained in the above Certificate of Trust are true and correct, and that there are no other provisions in the Trust Instruments or amendments to it that limit the powers of the Trustee(s) to sell, convey, pledge, mortgage, lease or transfer to interests in real or personal property that are not specified above.

Trustee #1 Signature _____ Date _____

Trustee #2 Signature _____ Date _____

Trustee #3 Signature _____ Date _____

Notarization

One of the Trustees must sign below in the presence of a notary public.

As further acknowledgement of the above, before me, the undersigned Notary Public, personally appeared

_____, Trustee.

State of _____

County of _____

Trustee Signature

Subscribed and sworn before me:

this _____ day of _____, 20 _____.

Notary Public

(Seal)

CU Use Only:

Opened/Modified By # _____ Date _____ Acct # _____ Acct # _____ Acct # _____ Acct # _____ Acct # _____

Second Review By # _____ Date _____