



Canal Ponds Business Park  
100 Marina Drive • Rochester, New York 14626  
(585) 453-7000 • (800) 836-7328  
summitfcu.org

### Trust Account Application

This application is used to establish or change an existing account in the name of a Legal Trust. Applications for Trust Accounts require a Social Security Number or a Tax Identification Number and a copy of the Certificate of Trust.

_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCOUNT NUMBER	TRUST TYPE:	REVOCABLE	IRREVOCABLE	NEW ACCOUNT	TRUSTEE CHANGE
_____		_____		_____	
NAME OF TRUST		DATE OF TRUST		TAX IDENTIFICATION NO. (TIN)	
_____			_____		
STREET ADDRESS		CITY	STATE	ZIP CODE	

### Grantor Information

_____	_____	_____	(____)_____	
GRANTOR (OWNER) NAME	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER/TIN	HOME PHONE NO.	
_____			(____)_____	
STREET ADDRESS	CITY	STATE	ZIP CODE	CELL OR OTHER CONTACT NO.
_____	_____	_____	_____	
DRIVER'S LICENSE NO.	ISSUE DATE (MM/DD/YY)	EXP. DATE (MM/DD/YY)	EMAIL ADDRESS	

### Co-Grantor Information

_____	_____	_____	(____)_____	
JOINT GRANTOR NAME	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER/TIN	HOME PHONE NO.	
_____			(____)_____	
STREET ADDRESS	CITY	STATE	ZIP CODE	CELL OR OTHER CONTACT NO.
_____	_____	_____	_____	
DRIVER'S LICENSE NO.	ISSUE DATE (MM/DD/YY)	EXP. DATE (MM/DD/YY)	EMAIL ADDRESS	

**Trustee Information**

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 TRUSTEE NAME DATE OF BIRTH (MM/DD/YY) SOCIAL SECURITY NUMBER/TIN HOME PHONE NO.  
 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 STREET ADDRESS CITY STATE ZIP CODE CELL OR OTHER CONTACT NO.  
 \_\_\_\_\_  
 DRIVER'S LICENSE NO. ISSUE DATE (MM/DD/YY) EXP. DATE (MM/DD/YY) EMAIL ADDRESS

**Co-Trustee Information**

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 TRUSTEE NAME DATE OF BIRTH (MM/DD/YY) SOCIAL SECURITY NUMBER/TIN HOME PHONE NO.  
 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 STREET ADDRESS CITY STATE ZIP CODE CELL OR OTHER CONTACT NO.  
 \_\_\_\_\_  
 DRIVER'S LICENSE NO. ISSUE DATE (MM/DD/YY) EXP. DATE (MM/DD/YY) EMAIL ADDRESS

**Persons Currently Listed in Your Legal Trust as Beneficiaries** (Subject to change if Legal Trust is amended)

Name	Address	Relationship	Social Security Number	Percentage (Must equal 100%)

Note: In the event of the Grantor's death, the beneficiaries designated in the Legal Trust document shall be considered the actual beneficiaries.

**IMPORTANT INFORMATION ABOUT PROCEDURES 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 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 and other identifying information.

**IMPORTANT IRS INFORMATION – CERTIFICATION**

**Under penalties of perjury, I certify the following:**

- The number shown on this form is my correct taxpayer identification number; and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, 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'm no longer subject to backup withholding; and
- I am a U.S. citizen (including a U.S. resident alien); and
- I am exempt from the Foreign Account Tax Compliance Act (FATCA) reporting.

**Please check here  if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.**

**GRANTORS AND/OR TRUSTEES SIGNATURES**

I understand The Summit Federal Credit Union is not a fiduciary of the trust and is only acting in the capacity of holder of the trust account. I warrant the truth of the information contained in this application and subsequent representations to The Summit Federal Credit Union. I realize that such information will be relied upon by The Summit Federal Credit Union to determine membership eligibility. I agree to be bound by the terms and conditions found within the Membership and Account Agreement, Privacy Policy, Rate and Fee Schedule, Check Clearing and Funds Availability Policy, and Electronic Funds Transfers Agreement which are incorporated into and made part of this application as well as any amendments The Summit Federal Credit Union makes from time to time. If your application for membership is a joint application, any liability created by use of your account is joint. I have authority under the trust to open this account and I will strictly observe the terms of the trust. I understand that The Summit Federal Credit Union has no responsibility concerning the use of funds withdrawn from the account by the trustee's. In accordance with the Unlawful Internet Gambling Act, I'm prohibited from processing restricted transactions through my account at The Summit Federal Credit Union. Restricted transactions are transactions in which a person accepts credits, funds, or takes proceeds from another person in connection with unlawful Internet gambling. By signing below, I certify that this account will not be used to engage in Internet gambling and will notify The Summit Federal Credit Union in the event of any change in circumstances.

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

\_\_\_\_\_  
SIGNATURE OF GRANTOR (AS OWNER)

\_\_\_\_\_  
SIGNATURE OF TRUSTEE

\_\_\_\_\_  
SIGNATURE OF GRANTOR (JOINT OWNER)

\_\_\_\_\_  
SIGNATURE OF TRUSTEE

Will the trust account place, receive or otherwise knowingly transmit any bets or wages by any other means?

- Yes       No

If yes, will the trust account activity involve in any way the use of the Internet?

- Yes       No

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_ SS:

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year  
20\_\_\_\_\_, before me, the undersigned, personally appeared  
\_\_\_\_\_, personally known to  
me or proved to me on the basis of satisfactory evidence to  
be the individual whose name is subscribed to the within  
instrument, and acknowledged to me that he/she executed  
the same in his/her capacity, and that by his/her signature  
on the instrument, the individual, or the person upon behalf  
of which the individual acted, executed the instrument.

\_\_\_\_\_  
\_\_\_\_\_  
(Notary Public Signature and Stamp) or (Summit Employee  
as Witness)

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_ SS:

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year  
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\_\_\_\_\_, personally known to  
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\_\_\_\_\_  
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(Notary Public Signature and Stamp) or (Summit Employee  
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on the instrument, the individual, or the person upon behalf  
of which the individual acted, executed the instrument.

\_\_\_\_\_  
\_\_\_\_\_  
(Notary Public Signature and Stamp) or (Summit Employee  
as Witness)

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FOR OFFICE USE ONLY:

This application approved by the Board of Directors and entered.

Date: \_\_\_\_\_ Chairperson – Membership Committee: \_\_\_\_\_