



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

**Totten Trust Account Application
(Payable on Death)**

No modification to owners or beneficiary(ies) are allowed once Totten Trust is established.

Trust Title: _____ In Trust For _____
(PRIMARY MEMBER NAME) (BENEFICIARY NAME)

(JOINT OWNER NAME) Trust Account # _____

PRIMARY MEMBER INFORMATION

Name _____
(LAST) (FIRST) (M)
Address _____
(STREET) (CITY) (STATE) (ZIP CODE)
Social Security Number _____ Date of Birth _____
Home Phone # _____ Business Phone # _____
Membership Eligibility _____

JOINT OWNER INFORMATION (IF APPLICABLE)

Name _____
(LAST) (FIRST) (M)
Address _____
(STREET) (CITY) (STATE) (ZIP CODE)
Social Security Number _____ Date of Birth _____
Home Phone # _____ Business Phone # _____

BENEFICIARY INFORMATION

Name _____
(LAST) (FIRST) (M)

Address _____
(STREET) (CITY) (STATE) (ZIP CODE)

Social Security Number _____ Date of Birth _____

Home Phone # _____ Business Phone # _____

BENEFICIARY INFORMATION

Name _____
(LAST) (FIRST) (M)

Address _____
(STREET) (CITY) (STATE) (ZIP CODE)

Social Security Number _____ Date of Birth _____

Home Phone # _____ Business Phone # _____

BENEFICIARY INFORMATION

Name _____
(LAST) (FIRST) (M)

Address _____
(STREET) (CITY) (STATE) (ZIP CODE)

Social Security Number _____ Date of Birth _____

Home Phone # _____ Business Phone # _____

I, the undersigned agree to open and maintain the aforementioned Totten Trust Account until such time as the account is terminated by my written request.

I hereby make application for membership in The Summit Federal Credit Union and agree to its bylaws and amendments thereof and subscribe for at least one share. I further request The Summit to issue a Personal Identification Number (PIN) in connection to audio response (Quik Tran). I have read and fully understand the accompanying Membership and Account Agreement, the Electronic Funds Transfer Disclosure and Rate and Fee Schedule, and agree to abide by their terms. I authorize you to obtain a credit report from a consumer reporting agency in connection with this application and in connection with the update, renewal or extension of any credit granted in response to this application, as well as for marketing or loan pre-approval purposes. The Summit may use the consumer report in considering whether to offer credit and other services to me. I authorize The Summit to investigate and verify with others any credit and income references and other credit information about me in order to determine my eligibility for membership.

Withdrawals from the Totten Trust Account may be made on the written request of the Grantor (primary member) or the Joint Owner(s) as signed in this agreement. In the event of the death of the Grantor (owner/member) the surviving Joint Owner(s) are authorized to carry out the terms of the Totten Trust Account.

Upon that notification and receipt of necessary documentation for deceased owner/joint owner(s), The Summit may make payment of the funds in the Totten Trust Account to the beneficiary of the trust.

I understand that The Summit has no responsibility concerning the use of funds withdrawn from the account by the Grantor or the Joint Owner.

Certifications to taxpayer identification number/social security number and backup withholding: Under penalties of perjury, I certify: (1) that the Social Security number (SSN) or Taxpayer Identification number (TIN) shown is my/the correct identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interests or dividends or the Internal Revenue Service (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). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____
Primary (Member) Signature Date

X _____
Joint Owner Signature (If Applicable) Date

State of New York
County of _____

On the ____ day of _____ in the year _____, 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 me within the instrument, and acknowledged to me the he/she executed the same in her/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 or Summit Employee

State of New York
County of _____

On the ____ day of _____ in the year _____, 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 me within the instrument, and acknowledged to me the he/she executed the same in her/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 or Summit Employee

FOR OFFICE USE ONLY:

This application approved by the Board of Directors and entered

Chairperson-Membership Committee

Date