



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

UNIFORM TRANSFERS TO MINORS ACT (UTMA) ACCOUNT APPLICATION

Account Number: _____ **Minor's Date of Birth:** _____

Minor's Social Security Number: _____

Minor's Address: _____

I hereby apply for a UTMA Account (Custodian) in The Summit Federal Credit Union with the account title:

As custodian for _____, under the New York
(Minor's name – one only)

Uniform Gifts to Minors Act, _____, custodian.
(Custodian name – one only)

I hereby acknowledge receipt of Member Share Account No. _____ in my name as Custodian for said minor under the New York Uniform Gift to Minors Act and I understand and agree that I am bound thereby. The Summit Federal Credit Union is hereby authorized to act without further inquiry in accordance with writings bearing my signature as shown below, according to the provisions of said statute. The Summit Federal Credit Union is authorized to supply any endorsement for me on any check or other negotiable instrument tendered for this account and is hereby relieved of any liability in connection with the collection of such items, which are handled by it. The Summit Federal Credit Union shall not be liable for the acts of its agents, subagents or others, or for any casualty. The account shall remain a custodial account until the minor achieves the age of majority (21), unless otherwise designated.

Certification 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 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.

Signature of Custodian

Date

Witness (Summit Employee or Notary Public)

Custodian's Address _____

Custodian SS# _____
Custodian DOB _____

Custodian's Phone # _____

Custodian's Driver's License# _____

NOTICE

If you wish to designate a successor custodian and/or age of majority of eighteen (18), please execute the designation(s) below.

Designation of Successor Custodian (Optional)

In the event of my resignation, death or legal incapacity, I designate _____ as successor custodian. Such appointment to take effect upon the occurrence of such event.

Signature of Custodian Date

Successor Custodian SSN _____ Successor Custodian DOB _____

Witness (Summit Employee or Notary Public)

Eighteen (18) Majority (Optional)

The intent of the donor is that this account shall remain a UTMA (custodial) account until the minor achieves the age of eighteen (18).

Signature of Custodian Date

Witness (Summit Employee or Notary Public)

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FOR OFFICE USE ONLY:

This application approved by the Board of Directors and entered

Date Chairperson-Membership Committee

Custodian

ChexSys _____ Records ___ Yes ___ No
(verification date) Retail ___ Yes ___ No

SS# Avail _____ State _____ Date of Birth _____ Age _____

Minor

ChexSys _____ Records ___ Yes ___ No
(verification date) Retail ___ Yes ___ No

SS# Avail _____ State _____ Date of Birth _____ Age _____

Successor Custodian

ChexSys _____ Records ___ Yes ___ No
(verification date) Retail ___ Yes ___ No

SS# Avail _____ State _____ Date of Birth _____ Age _____

Membership Eligibility _____ Minor _____ or Custodian _____