

Request to Open an UTMA

To open an UTMA (Uniform Transfers to Minors Act) account, we will need the following:

- Completed and signed Membership Application(s) (for the minor child). Please sign the form as *Your Name, Custodian FBO Minor Child's Name*.
- Completed and signed Fiduciary Account Application(s).
- Minimum Deposit Requirement (\$1.00 for Holiday or Special Savings, \$5.00 for Regular Savings, \$20.00 for Basic Checking or Interest Checking Plus, or \$2,500.00 for Insured Money Market).
- One of the following pieces of the Custodian's photo identification:
 - Driver's License
 - State Identification Card
 - Passport

Please provide the requested information on the following form(s) and return to DFCU Financial, PO Box 610, Dearborn MI 48121.

If you have any questions, please visit any branch location or contact us at 888.336.2700.

Member Number



P.O. BOX 6048
DEARBORN, MICHIGAN 48121
PH 888.336.2700
dfcufinancial.com

Membership Application

IMPORTANT INFORMATION 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 may ask You for 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 or other identifying documents.

Prefix	First Name	Middle Name	Last Name	Suffix
Eligibility	Sponsor Member Number	Birth Date	Mother's Maiden Name	
Type of Identification	Identification Number	Place of Issuance		
Country of Issuance	Issue Date (if available)	Expiration Date		
Primary Address Line 1		Primary Address Line 2		
Primary City	Primary State	Primary Zip Code		
Primary Country	Employer	Occupation		
Home Phone	Cell Phone	Business Phone	Business Extension	
Home Email Address		Business Email Address		

Taxpayer Identification and Backup Withholding

Taxpayer Identification Number	Certification Date	CIP External Verification (Internal Use Only)
Resident Tax Country	Country of Citizenship	Are you a non-resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number; (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; and (3) You are a U.S. person (including a U.S. resident alien).

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without a taxpayer identification number.

You hereby apply for membership in DFCU Financial. By signing below, You agree to be bound by the terms and conditions found within the Agreements And Disclosures. You acknowledge receiving a copy of those Agreements And Disclosures related to Your Account(s) and You agree to the terms and conditions found therein. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time. You hereby authorize Us, Our employees and agents to investigate, verify and update at any time (both now and in the future) any information provided by You to Us. You further authorize any person, association, firm, corporation or personnel office to furnish information about You upon Our request, including, but not limited to, providing credit and employment history information. You may also from time to time request additional Accounts and/or Account Services to be established on Your behalf and/or the addition of joint member(s) to Your Account(s). Your signature below is Your continuing authorization for DFCU Financial to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Accounts.

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

Member's Signature Printed Name Date

When Acting As Agent Complete The Following:

Agent For Member (printed full name) Social Security Number

DATE _____ BRANCH _____ EMPLOYEE _____

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P.O. BOX 6048
 DEARBORN, MICHIGAN 48121
 PH 313.336.2700 PH 888.336.2700
 www.dfcufinancial.com

Fiduciary Account Application

New Change

Member Number:

Account Number:

IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 You for 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 or other identifying documents.

Account Owner Tax Information

Taxpayer Identification and Backup Withholding

First Name	Middle Name	Last Name	Birth Date
Taxpayer Identification Number	Certification Date	CIP External Verification (Internal Use Only)	Resident Tax Country

SSN EIN

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Agreement Information

Type	Required Documentation	Account Owner	Agent's Name
<input type="checkbox"/> Uniform Transfer to Minor Act (UTMA)	None	_____ Minor	_____ Custodian
<input type="checkbox"/> Representative Payee	Documentation from the Social Security Administration	_____ Beneficiary	_____ Representative Payee
<input type="checkbox"/> Conservatorship	Letters of Authority from the Michigan Probate Court	_____ Protected Person	_____ Conservator _____ Conservator _____ Conservator
<input type="checkbox"/> Decedent's Estate	Letters of Authority from the Michigan Probate Court and Death Certificate	The Estate of: _____ Decedent	_____ Personal Representative _____ Personal Representative _____ Personal Representative

Account Information

Type of Account

Select **ONLY** One

Savings Checking Interest Checking Plus Insured Money Market Certificate
 Special Holiday

Mailing Address

Mailing Address Line 1		Mailing Address Line 2	
Mailing City	Mailing State	Mailing Zip Code	
Mailing Country			

Agreement & Authorization

Uniform Transfer to Minor Act (UTMA) Accounts

For UTMA (Uniform Transfer to Minor Act) Accounts, You understand that the gift of money to the Minor named on this Application, which gift shall be deemed to include all dividends thereon and any future additions thereto, is irrevocable and is made in accordance with, and is to include all provisions of, the Uniform Transfer to Minors Act (the Act) as it is now and in the future. You further understand that the age of delivery from the Custodian to the Minor will occur upon the minor's age of 18, under the Act.

Designation of Successor Custodian. You appoint _____ as Successor Custodian of the gift property described in the gift transfer above. Such appointment will take effect: 1) when and in the event of Your resignation, death, incompetence, or legal incapacitation, and 2) when We deliver said account, together with a true copy of this instrument of designation, into the custody of the Successor Custodian named above. Upon receipt of actual or written notice of such event, You direct Us to make such delivery.

Representative Payee, Conservatorship & Estate Accounts

The undersigned agrees to the following:

1. The Agent's authority to act on behalf of the principal is currently valid and in effect.
2. The Agent will notify Us immediately if the Agent's authority is restricted due to any act, death or court order.
3. The Agent and Principal will be bound by all applicable Account terms and conditions of Our Agreements and Disclosures.
4. The Agent has the authority to perform any financial transaction unless otherwise restricted by court order delivered to Us by the Agent or issuing court. We will recognize the Agent's fiduciary capacity, regardless of such designation, unless specifically notified to the contrary.
5. The Agent is not a joint owner of the Account established herein and personally waives all right, title and interest in and to such Account, and transfers all interest to the Principal and the Principal's estate, if applicable.
6. In the event multiple Agents are appointed to act for the Principal, it is understood that all such Agents must sign for withdrawals and file maintenance transactions, and that Account services will be limited.

Overdraft Protection Authorization/Request

You request overdraft protection on Your Checking Account with Us. Your overdrafts will be covered by transferring funds from Your loan and/or other deposit Account(s) identified below and in the order specified. If no priority is noted, transfers will be made from Your line of credit up to Your available credit limit, or from Your Savings Account, provided You have enough available funds. You hold Us harmless from any and all liability which might otherwise exist if a transfer does not occur.

You elect not to participate in overdraft protection.

Priority	Source Account Type	Source Account Number
1		
2		
3		
4		

Signature(s)

By signing below, You agree to be bound by the terms and conditions found within the Agreements and Disclosures. You acknowledge receiving a copy of those Agreements and Disclosures related to Your Account(s) and You agree to the terms and conditions found therein. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time. You hereby authorize Us, Our employees and agents to investigate, verify and update at any time (both now and in the future) any information provided by You to Us. You further authorize any person, association, firm, corporation or personnel office to furnish information about You upon Our request, including, but not limited to, providing credit and employment history information. You may also from time to time request additional Accounts and/or Account Services to be established on Your behalf and/or the addition of joint member/owner(s) to Your Account(s). Your signature below is Your continuing authorization for DFCU Financial to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Accounts.

The undersigned further agrees to indemnify and hold Us harmless from any loss, expense, claim or cost (not limited to but including actual attorneys' fees), that We may incur as a result of Our reliance on the agency relationship.

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

_____	_____	_____	_____
Agent's Signature	Printed Name	Social Security Number	Date
_____	_____	_____	_____
Agent's Signature	Printed Name	Social Security Number	Date
_____	_____	_____	_____
Agent's Signature	Printed Name	Social Security Number	Date

Date _____ Branch _____ Employee _____ Verified _____