

Conversion of an UTMA

To convert the UTMA (Uniform Transfers to Minors Act) account, that you are the Custodian of, into a single or joint account, we will need the following:

- Completed and signed Membership Application(s).
- Completed and signed Account Application(s).
- Completed and signed Account Beneficiary Designation form(s), if applicable.
- Completed and signed Authorization to Remove Signer form(s). This form must be notarized if not signed in the presence of a DFCU Financial employee.
- One of the following pieces of 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.

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Member Number



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.

Personal Information

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		

Residential Address

Any Mailing address with a P.O. Box **MUST** have a residential address for Our records. If Your Primary address listed above is a P.O. Box, You **MUST** complete the following section with Your residential address.

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

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); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

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 check the box 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.

139MEMAPPFILL

Signature

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/Agent Signature	Agent FBO Member (if applicable)
_____	_____
Member Printed Name	Date

FOR CREDIT UNION USE ONLY		
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DATE _____	BRANCH _____	MEMBERSHIP ELIGIBILITY VERIFIED _____
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Account Number



Member Number

Account Application

Member Name

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.

Account Information

TYPE OF ACCOUNT			TYPE OF OWNERSHIP
Select ONLY One			
<input type="checkbox"/> Checking	<input type="checkbox"/> Interest Checking Plus	<input type="checkbox"/> Certificate	<input type="checkbox"/> Single <input type="checkbox"/> Joint
<input type="checkbox"/> Insured Money Market	<input type="checkbox"/> Premier Money Market	<input type="checkbox"/> Savings	
<input type="checkbox"/> Special	<input type="checkbox"/> Holiday		<input type="checkbox"/> Tenancy by the Entirety

Joint Owner Information

First Name	Last Name	Member Number	Birth Date
First Name	Last Name	Member Number	Birth Date
First Name	Last Name	Member Number	Birth Date
First Name	Last Name	Member Number	Birth Date

Draw Account Authorization

☐ You hereby authorize Us to transfer funds from Your loan and/or other deposit Account(s) identified below. 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 further agree to pay any fees associated with such transfer and hold Us harmless from any and all liability which might otherwise exist if a transfer does not occur.

☐ You elect not to participate in this service.

Priority	Source Account Type	Source Account Number
1		
2		
3		
4		

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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.

If the Account being established or changed pursuant to this application is a Joint Account, it is held jointly by all Account owners signing below. This form supersedes, takes precedence over and replaces any such form that preceded it.

Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date

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DATE _____ BRANCH _____ EMPLOYEE _____

Account Number



Member Number

Member Name

Account Beneficiary Designation

Type of Account

Select **ONLY** One

☐ Savings ☐ Checking ☐ Insured Money Market ☐ Certificate ☐ Special ☐ Holiday

Joint Member Information

Full Name

Member Number

Full Name

Member Number

Full Name

Member Number

Full Name

Member Number

Request Type – Select only one option below and complete the section, if applicable.

☐ **Add/modify beneficiary information**

Beneficiary Full Name (1)

Relationship

Social Security Number

Birthdate

Address

City

State

Zip Code

Phone Number

Beneficiary Full Name (2)

Relationship

Social Security Number

Birthdate

Address

City

State

Zip Code

Phone Number

Beneficiary Full Name (3)

Relationship

Social Security Number

Birthdate

Address

City

State

Zip Code

Phone Number

Beneficiary Full Name (4)

Relationship

Social Security Number

Birthdate

Address

City

State

Zip Code

Phone Number

☐ **Add non-person entity beneficiary (e.g. a charity)**

Name of Non-Person Entity (1)

Contact Person

Phone Number

Address

City

State

Zip Code

Name of Non-Person Entity (2)

Contact Person

Phone Number

Address

City

State

Zip Code

☐ **I (We) elect not to designate a beneficiary(ies). I (We) revoke all prior beneficiary designations in respect to this account.**

1467ACTBENEDES GFILL

Signature(s)

By signing below, You designate the individual(s) or entity named above as the primary beneficiary(ies) of this Account. The designated beneficiaries own equal share percentages in the Account. If any primary beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. You may change the beneficiary(ies) identified on this designation form only with the written consent of all owners to the Account.

This form supersedes, takes precedence over and replaces any such form that preceded it.

Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date

Account Number

Member Number
Member Name



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

Authorization to Remove Signer

Account Information

Type of Account (select ONLY one)

☐ Savings ☐ Checking ☐ Interest Checking Plus ☐ Insured Money Market ☐ Certificate ☐ Special ☐ Holiday

Signer Being Removed from Account

The undersigned person(s) does hereby waive all right, title and interest which he or she may now have or which may accrue to him or her, for funds now on deposit in the above account, all sums paid in on shares, and all income, benefits, and accumulations therein.

The undersigned further assigns his or her interest in said account and consents to said funds being paid over to the remaining owner(s) on the account.

Name _____ Social Security Number _____
☐ Non-Tax Owner ☐ Trustee ☐ Additional Signer ☐ Custodian (minor **under** 18 years of age) ☐ Custodian (minor **over** 18 years of age)

☐ Other: _____

Account Role _____

Signer's Signature

Printed Name

Date

This document must be notarized if not signed in the presence of a DFCU Financial employee.

Acknowledged before me in _____ County, State of _____,
on the _____ day of _____, 20 _____.

Notary Public's Signature

Notary Stamp

Affix Seal Here

FOR CREDIT UNION USE ONLY

DATE _____ BRANCH _____ EMPLOYEE _____