

Member Service Agreement for a Trust

Part 1



800.444.6327
nuvisionfederal.com

Member Number _____ Trust Name _____ OICIA Date _____

INFORMATION about the TRUST

Select One 1

Revocable

Irrevocable

Trust Name (generally the name that matches the SSN or EIN used for the Trust should come first on this line) _____ Date of Trust _____ SSN/EIN used for Trust _____ # Beneficiaries _____

ACCOUNT(S) _____ 2

SERVICE(S) Debit/ATM Card: T1 T2 T3 Debit Cards issued to accounts with both checking & savings. ATM cards issued to accounts with savings only. 3

OD Transfer (in order): 1 _____ 2 _____ 3 _____ 4 _____

TRUSTOR(S) INFORMATION 4

Trustor 1 Name _____ Social Security No. _____ Date of Birth _____ Chex System ID _____ Trustor 2 Name _____ Social Security No. _____ Date of Birth _____ Chex System ID _____

TRUSTEE(S) INFORMATION (A trustee may start, conduct transactions on, maintain, change, add and terminate an account, product or service on behalf of the trust.) 5

Trustee 1 Name _____ Address _____ City _____ State _____ ZIP _____

Mobile Phone _____ Work Phone _____ Mailing Address (if different from physical address) _____ City _____ State _____ ZIP _____

E-mail _____ Social Security Number _____ Date of Birth _____

Member Number _____ ID Type _____ State _____ Number _____ Issue Date _____ Exp. Date _____ Occupation/Profession _____ Chex Systems ID _____

Trustee 2 Name _____ Address _____ City _____ State _____ ZIP _____

Mobile Phone _____ Work Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____

Member Number _____ ID Type _____ State _____ Number _____ Issue Date _____ Exp. Date _____ Occupation/Profession _____ Chex Systems ID _____

Trustee 3 Name _____ Address _____ City _____ State _____ ZIP _____

Mobile Phone _____ Work Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____

Member Number _____ ID Type _____ State _____ Number _____ Issue Date _____ Exp. Date _____ Occupation/Profession _____ Chex Systems ID _____

SUCCESSOR TRUSTEE NOTATION(S) (A person who may request the funds in the account(s) on proof the trustee(s) can no longer act for the trust.) 6

Successor Trustee 1 _____ Social Security No. _____ Date of Birth _____ Address _____ CU Member

Successor Trustee 2 _____ Social Security No. _____ Date of Birth _____ Address _____ CU Member

Successor Trustee 3 _____ Social Security No. _____ Date of Birth _____ Address _____ CU Member

TAX INFORMATION CERTIFICATION By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. 7

I am subject to backup withholding Exempt I am not a United States citizen or resident (complete W-8 form)

ACKNOWLEDGMENT The trust and/or trustees is/are, or applies/apply to be, a member or members of Nuvision Federal Credit Union ("we", "us" & "our"), or is/are authorized to take action, according to our Member Service Agreement (the MSA Parts 1 & 2). The trustee(s) ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Charges disclosures, and which, along with our records, comprise the terms of the MSA. Part 2 has been emailed to Trustee 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You understand a trustee may conduct transactions on and take action to start, maintain, change, add or terminate accounts, products and services, as addressed in Part 2 of the MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. You affirm the trust is currently in full force and effect and has not been revoked or changed in any manner that would cause any representation in this Part 1 form or to us to be incorrect. You also affirm the trust agreement provides you full power to transact any business on behalf of the trust with us, including the power to conduct transactions on and start, maintain, change, add or terminate accounts, products and services, and does not contain restrictions or limitations of such powers, except as stated in the MSA. If the trust is revocable and we receive any garnishment, levy, or other form of execution against a grantor, or if a grantor owes money to us, you agree we may treat all accounts (and safe deposit boxes) held by or on behalf of the trust as if they were owned by the grantor individually. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, using any account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding (in Section 7 above). 8

Trustee 1 Signature _____ Trustee 2 Signature _____ Trustee 3 Signature _____

OFFICE USE ONLY Branch Name _____ Employee # _____ Date _____ Field of Membership _____ Page 1 of 2 _____ Approved by _____ Date Approved _____ 9

OICIA _____