

# ESTATE/TRUST MEMBERSHIP/ACCOUNT APPLICATION

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 for your name, physical 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. For Member/Account Applications received by mail/Internet, an Elements representative may contact you to verify the information supplied.

I am affiliated with a qualifying organization: \_\_\_\_\_

— or —

No affiliation. I would like to join Tru Direction, Inc. to qualify for membership.

Tru Direction, Inc. is a not-for-profit organization dedicated to improving financial literacy for people at any life stage. By joining Tru Direction, you will receive educational newsletters sharing some of the best practices for saving, borrowing, and planning for the future. More information at [trudirection.org](http://trudirection.org). The \$5 membership dues are paid by Elements.

- Revocable Trust   
  Irrevocable Trust   
  Estate   
  New Membership  
 Add Product   
  Retitle/Update Trustee/Personal Rep

### Provide Primary Trustee/Personal Rep Information

First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_

Home Street Address (No P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address  Same as Home Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (###) ###-#### \_\_\_\_\_ Cell Phone (###) ###-#### \_\_\_\_\_

Work Phone (###) ###-#### \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Drivers License State \_\_\_\_\_ DL # \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

Occupation \_\_\_\_\_

Email Address (Home preferred. Email address required for estate statements and online banking.) \_\_\_\_\_

Phone Security Word (Select a word other than Mother's Maiden Name for use when calling Elements.) \_\_\_\_\_

Phone Security Word Hint (Provide a hint we use to remind you of your security word when calling Elements.) \_\_\_\_\_

### TIN Certification & Backup Withholding Information

**Certification Instructions:** You must cross out item 2 below if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out Item 3 and complete a W-8 BEN if you are not a U.S. person or U.S. resident alien.

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3) I am a U.S. person (including U.S. resident alien); and
- 4) The FACTA Code's entered on this form (if any) indicating that I am exempt from FACTA reporting is correct.

Authorization: I/we declare that the information provided is true and agree to notify Elements of any material change thereto. By signing, I/we agree to the terms and conditions of the Membership Agreement and Deposit Account Terms & Conditions, Fee Schedule and Deposit Rate Sheet as amended from time to time. I/we acknowledge receipt of a copy of the Membership Agreement and Deposit Account Terms & Conditions and disclosures.

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 Trustee/Personal Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Trust or Estate \_\_\_\_\_

Tax ID of Trust or Estate \_\_\_\_\_

Savings Products Must Choose One:

- Member Savings   
  Helium Savings

Checking Products

- High Interest Checking   
  Basic Checking

Other Savings

- Share Certificate Term: \_\_\_\_\_

- Visa® Debit Card for

Trustee/Personal Rep

### Provide Secondary Trustee/Personal Rep Information if Applicable

First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_

Home Street Address (No P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address  Same as Home Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (###) ###-#### \_\_\_\_\_ Cell Phone (###) ###-#### \_\_\_\_\_

Work Phone (###) ###-#### \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Drivers License State \_\_\_\_\_ DL # \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

Occupation \_\_\_\_\_

Email Address (Home preferred. Email address required for estate statements and online banking.) \_\_\_\_\_

Phone Security Word (Select a word other than Mother's Maiden Name for use when calling Elements.) \_\_\_\_\_

Phone Security Word Hint (Provide a hint we use to remind you of your security word when calling Elements.) \_\_\_\_\_

X  
 Secondary Trustee/Personal Representative Signature \_\_\_\_\_ Date \_\_\_\_\_