

# Member Service Agreement for a Trust

Part 1

PO Box 1266  
Bloomington, IL 61702  
Phone: 309.661.1166  
www.cuforall.com

## INFORMATION about the TRUST

(generally the name that matches the SSN or EIN used for the Trust should come first on this line) \_\_\_\_\_ Date of the Trust \_\_\_\_\_ SSN/EIN used for the Trust \_\_\_\_\_

Select  Revocable  
One  Irrevocable

The Full Title of the Trust can be Included on this Line \_\_\_\_\_

1 Optional \_\_\_\_\_ 2 Optional \_\_\_\_\_ 3 Optional \_\_\_\_\_ 4 Optional \_\_\_\_\_  
Optional Info: Grantor(s) Name(s) at CU's Discretion:  1  2  3  4 | Beneficiary(s) Name(s) at CU's Discretion & for NCUSIF Purposes Only:  1  2  3  4

ACCOUNT(S) \_\_\_\_\_  Savings  Checking \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ 2

SERVICE(S)  Debit/ATM Card  CUTIE  Online Banking  eStatements  Mobile  Remote Deposit  Pay Overdrafts for Debit/ATM 3

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.) 4

**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 \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Employer/Retired From \_\_\_\_\_ Driver's License - State, Number & Issue and Exp. Date \_\_\_\_\_

**Trustee 2 Name** \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Employer/Retired From \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_ Driver's License - State, Number & Issue and Exp. Date \_\_\_\_\_

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.) 5

Successor Trustee 1 \_\_\_\_\_ Relationship \_\_\_\_\_ Successor Trustee 2 \_\_\_\_\_ Relationship \_\_\_\_\_

## MID-ILLINOIS DOLLARS FOR SCHOLARS FOUNDATION 6

YES! I would like to donate and establish my membership in the Mid-Illinois Dollars for Scholars Foundation. Mid-Illinois Dollars for Scholars Foundation is a nonprofit organization committed to supporting academic excellence. The foundation encourages high school graduates to further their education by providing them scholarship assistance. Please choose a giving level below.  
 \$1.00  Other \_\_\_\_\_ Mid-Illinois Dollars for Scholars Foundation will not share your information with any other organization without your express written consent.

## MEMBERSHIP MEETINGS & PROXY VOTING OPT OUT 7

Proxy voting allows the Board of Directors of Mid Illini Credit Union to cast any vote that a member could cast at any membership meeting that he/she does not attend. The proxy of a member's vote renews annually, and may be cancelled by the member at any time by contacting the Credit Union. **By checking the following box, I elect to decline appointing the Board of Directors as my proxy.**

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.  
 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 The Credit Union for All ("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 explained 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 that 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 that 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, by using an 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 8 above).

Trustee 1 Signature \_\_\_\_\_ Trustee 2 Signature \_\_\_\_\_ I agree to be removed as a trustee \_\_\_\_\_

OFFICE USE ONLY  
CU Employee Name \_\_\_\_\_ Field of Membership \_\_\_\_\_  Page 1 of 2 \_\_\_\_\_ 10  
 Original |  Change |  Add |  Terminate \_\_\_\_\_ Date \_\_\_\_\_