

# **APPLICATION INSTRUCTIONS**

- A Custodial account may be opened if (1) the minor is eligible for membership at Congressional FCU, or (2) the Custodian is a member of Congressional FCU. The account may be opened by the person gifting the property to the minor (Donor), or by the person appointed to control the custodial property (Custodian). The Donor may, but need not, be the same person as the Custodian.
- Submit your application at one of our branches or mail your application to: Congressional Federal Credit Union, P.O. Box 23267, Washington, D.C. 20026-3267

**Important Information:** 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 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. By submitting this application, you authorize the Credit Union to obtain information necessary to verify your identity. This may include information obtained from consumer reporting agencies, public databases, or other sources. If the Credit Union is unable to verify information that you provide, an account may not be opened. The Credit Union reserves the right to close your account if it determines at a later date that it does not know your true identity.

# **ELIGIBILITY** (How is the minor eligible to join Congressional Federal Credit Union?)

O The minor is related to a member of Congressional Federal.

Sponsor's Name:

| Relationship to Sponsor: | Sponsor's Account Number: |
|--------------------------|---------------------------|
|                          |                           |

I certify that this person is related to me and is eligible for Credit Union Membership.

• If the minor is not eligible for Credit Union membership, the Custodian must be a member of Congressional Federal Credit Union.

Custodian's Credit Union Account Number:

for \_

(Minor). I understand that by my signature on this application, I agree

Date:

to conform to the Bylaws or any amendments thereof in the Congressional Federal Credit Union, and that my signature acknowledges that I have received all applicable disclosures, and I agree to all of the terms and conditions of all accounts I establish as disclosed to me by the Credit Union.

## **MINOR'S INFORMATION**

| Minor Name:             |          |      |
|-------------------------|----------|------|
| Address for Statements: |          |      |
| City:                   | State:   | Zip: |
| Date of Birth:          | SSN/TIN: |      |



# **CUSTODIAN'S INFORMATION**

| Custodian's Name:                              |               | Date of Birth: |  |
|--|---------------|----------------|--|
| SSN/TIN:                                       | Email:        |                |  |
| Home Address:                                  |               |                |  |
| City:  | State:        | Zip:           |  |
| Mailing Address (if different than above):     |               |                |  |
| City:  | State:        | Zip:           |  |
| Phone (Home):                                  | Phone (Work): |                |  |
| SUCCESSOR CUSTODIAN'S INFORMATION (Not Require | ed)           |                |  |
| Successor Custodian's Name:                    |               | Date of Birth: |  |
| SSN/TIN:                                       | Email:        |                |  |
| Home Address:                                  |               |                |  |
| City:  | State:        | Zip:           |  |
| Mailing Address (if different than above):     |               |                |  |
| City:  | State:        | Zip:           |  |
| Phone (Home):                                  | Phone (Work): |                |  |
| DONOR'S INFORMATION O Same as Custodian        |               |                |  |
| Donor's Name:                                  |               |                |  |
| Date of Birth:                                 | SSN/TIN:      |                |  |
| Home Address:                                  |               |                |  |
| City:  | State:        | Zip:           |  |
| Mailing Address (if different than above):     |               |                |  |
| City:  | State:        | Zip:           |  |
| Phone (Home):                                  | Phone (Work): |                |  |

# Under penalties of perjury, I certify that:

- 1. The number shown on the front of this form is the minor's correct taxpayer identification number;
- 2. The minor is NOT subject to backup withholding because: (a) The minor is exempt from backup withholding, or (b) The minor has not been notified by the Internal Revenue Service (IRS) that he/she is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the minor that he/she is no longer subject to backup withholding; and
- 3. The minor is a U.S. Person (including U.S. resident alien); and
- 4. The minor is exempt from FATCA reporting.

*Certification instructions.* You must cross out item 2 above if the minor has been notified by the IRS that he/she is currently subject to backup withholding because of a failure to report all of his/her interest and dividends on his/her tax return.

The IRS does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

| Name of Minor | Name | of Minor |  |
|---------------|------|----------|--|
|---------------|------|----------|--|

Parent / Legal Guardian's Signature

\_, parent/guardian for minor child.

by \_



# **CUSTODIAL ACCOUNT AGREEMENT**

- 1. All deposits to the account constitute an irrevocable gift to the minor. Once established, funds in the account must be used for the benefit of the minor.
- 2. A custodian must be named. The UTMA permits a transfer for only one minor and only one person may be the custodian. However, a successor custodian may be named to serve only in the event that a nominated custodian dies, is unable, declines or is ineligible to serve. The successor custodian is not a joint owner of the account.
- 3. All earnings on the account will be reported under the social security number of the minor.
- 4. Funds in the account may not be used as collateral on a loan. To the extent permitted by law, funds in the account will be subject to the Credit Union's statutory lien on shares to satisfy obligations of the minor to the Credit Union.
- 5. Share certificates, in the name of the minor, may be purchased with the funds in the account.
- 6. Deposits to the account may be made at anytime by payroll deduction, from a directly deposited net check, by mail or in person.
- 7. A DC UTMA is in effect until the beneficiary's 18th birthday. A VA UTMA is in effect until the beneficiary's 21st birthday. Only the custodian may withdraw funds prior to these dates.

## TRANSFER OF CUSTODIAL PROPERTY

Complete the appropriate section below

- If you are opening this account at a Branch located in the District of Columbia, complete the **Transfer Under the D.C. Uniform Transfers to Minors Act.**
- If you are opening this account at a Branch located in Virginia, or if you are opening this account by mail, complete the **Transfer Under the Virginia Uniform Transfers to Minors Act**.

#### Transfer Under the D.C. Uniform Transfers to Minors Act.

| I,                                    | (Donor) hereby transfer to   |
|---------------------------------------|--|
| (Custodian) as custodian for          | (Minor) under the D.C. Uniform Transfers to Minors Act., the         |
| following:                            | (Describe property).   |
| Signature of Donor:                   | Date:  |
| l,                                    | (Custodian) acknowledge receipt of the property described above as a |
| custodian for the minor named above ( | under the District of Columbia Uniform Transfers to Minors Act.      |
| Signature of Custodian:               | Date:  |
| Transfer Under the Virginia Uniform T |  |
|                                       | (Donor) hereby transfer to   |
| (Custodian) as custodian for          | (Minor) under the Virginia Uniform Transfers to Minors Act.,         |
| the following:                        | (Describe property).   |
|                                       |  |

| ١, | (Custodian) acknowledge receipt of the property described above as a                        |
|----|---|
| _  | when the state of the second state of the Aliania is the former Transformer to Mineson Alex |

Date:

custodian for the minor named above under the Virginia Uniform Transfers to Minors Act.

Signature of Custodian:

P.O. Box 23267 | Washington, D.C. 20026 www.CongressionalFCU.org | From Capitol Hill, 6.3100 | 800.491.2328 | 703.934.8300