



# Membership Trust & Account Card Application

TYPE OF ACCOUNTS/SERVICES REQUESTED					
(OFFICE USE ONLY>Assigned when account is opened)					
Member Account #:					
<input type="checkbox"/> Revocable Living Trust					
How Did You Hear About Us?			Eligibility based on:		
<input type="checkbox"/> Debit Card		<input type="checkbox"/> ATM Card			
<input type="checkbox"/> Regular Savings	<input type="checkbox"/> Free Checking	<input type="checkbox"/> Free Online Banking	<input type="checkbox"/> Free Mobile Banking		
<input type="checkbox"/> iPlus Youth Savings (Ages 12 & under)	<input type="checkbox"/> Money Market	<input type="checkbox"/> Free Bill Pay	<input type="checkbox"/> Free eAlerts!		
<input type="checkbox"/> iProsper Teen Savings (Ages 13-17)	<input type="checkbox"/> Certificate of Deposits	<input type="checkbox"/> Free eStatements	<input type="checkbox"/> Free Remote Check Deposit		
<input type="checkbox"/> Prime Time Savings (Ages 60 & over)	<input type="checkbox"/> Christmas Club	<input type="checkbox"/> Free Text Banking	<input type="checkbox"/> Free Direct Deposit		
PRIMARY ACCOUNTHOLDER INFORMATION (TRUST)					
Name of Trust		Taxpayer Identification		Home Phone #	
Street Address			City, State & Zip		Date of Birth
<input type="checkbox"/> TRUSTEE #1					
First Name		Middle Name	Last Name		Social Security #
Street Address			City, State & Zip		Date of Birth
Home Phone #		Cell Phone #	Driver's License/Identification #		Issue Date (M/D/YR)    Exp. Date (M/D/YR)
Present Employer				Mother's Maiden Name	
Work Phone #		eMail Address			
<input type="checkbox"/> TRUSTEE #2					
First Name		Middle Name	Last Name		Social Security #
Street Address			City, State & Zip		Date of Birth
Home Phone #		Cell Phone #	Driver's License/Identification #		Issue Date (M/D/YR)    Exp. Date (M/D/YR)
Present Employer				Mother's Maiden Name	
Work Phone #		eMail Address			

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN)/taxpayer identification number (TIN) shown is my/the correct identification number and I am NOT, unless designated below, subject to backup withholding because I have not been notified 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       I am not a United States citizen or resident (complete W-8 form)  
 Exempt

**SIGNATURE(S)**

By signing below, you certify that the information on this Membership Trust Application is complete, true, and submitted for the purpose of obtaining the accounts and services requested. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Membership Trust Application for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you agree to the terms of the following Agreements applicable to the Accounts and Services Requested.

- **Membership and Account Agreement.** You acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Available Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. You also pledge to us and grant a security interest in all your shares and deposits in the Credit Union including future additions, as security for advances under the Open End Credit Plan and Credit Card Agreement.
- **Overdraft Loan Agreement.** If an Overdraft Loan Account is requested and provided, you acknowledge receipt of and agree to the terms of the Open End Credit Plan Disclosures and Credit Agreement.
- **Credit Card Agreement.** If a Credit Card Account is requested and provided to you, you acknowledge receipt of and agree to the terms of the Credit Card Agreement which governs your Credit Card account.
- **Electronic Funds Transfer Agreement.** If an access card or Electronic Funds Transfer (EFT) Service is requested and provided, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

The Internal Revenue Service does not require your consent to any provision of this Account Card other than the certifications required to avoid backup withholding.

\_\_\_\_\_  
 PRIMARY TRUST ACCOUNTHOLDER SIGNATURE DATE

\_\_\_\_\_  
 PRINT PRIMARY TRUST ACCOUNTHOLDER NAME

\_\_\_\_\_  
 TRUSTEE #1 SIGNATURE DATE

\_\_\_\_\_  
 TRUSTEE #2 SIGNATURE DATE

**CREDIT UNION USE ONLY**

Beacon Score(s) \_\_\_\_\_ Last 4-digits on Card \_\_\_\_\_ Type of Card Approved:  Debit  ATM  
 Employee's Initial \_\_\_\_\_

**If you are mailing, emailing or faxing this Membership Trust Application, Trust Certification, Trust (1<sup>st</sup> page only) and Trustee page, please include a copy (front and back) of your State or Government issued ID card. Thank you! We look forward to having you as a member!**

**Mailing address:** 6400 SE Lake Road, Suite 125, Milwaukie, OR 97222  
**email address:** service@providencecu.org  
**Fax number:** (503) 513-8770

# Trust Certification

1. **Trust Information.** This Certification of Trust is made on behalf of the following named Trust (indicate how title to trust assets should be stated): \_\_\_\_\_  
 \_\_\_\_\_

The date of the execution of the Trust Agreement and creation of the Trust: \_\_\_\_\_

The taxpayer identification number for the Trust is: \_\_\_\_\_

The Trust was established under the laws of the state of \_\_\_\_\_

The names of the Trustor(s) of Trust are as follows: \_\_\_\_\_  
 \_\_\_\_\_

The names and addresses of the currently acting Trustees of the trust are as follows:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_

The Trust is eligible and qualified to be a member in the Credit Union.

All Co-Trustees  may act individually  must act together to exercise any trust power. If trustees must act together, all trustees agree that once an account has been opened, any trustee may, acting alone, transact business on the account.

2. **Successor Trustees.** The names and addresses of the successor trustees are:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_

Successor trustees are appointed:  when any trustee ceases to serve  only after all trustees cease to serve

3. **Revocability.** This Trust is  revocable  irrevocable. If revocable, the following person(s) may revoke this Trust:  
 \_\_\_\_\_

4. **Modification.** This Trust  can  cannot be modified or amended. If the Trust can be amended, the following person(s) may modify the Trust: \_\_\_\_\_

5. **Trust Powers.** The Trust Agreement includes all of the Trust and Trustee powers contained in the Uniform Trust Code (ORS Ch. 130) and does not contain restrictions or limitations of such powers, except as expressly noted herein. The trustee(s) and any successor trustee(s) are authorized to transact any business on behalf of the trust with the Credit Union. This includes but is not limited to opening, maintaining, and closing deposit accounts and safe deposit boxes, borrowing on behalf of the trust or guaranteeing obligations of the trustor(s) or beneficiaries, and granting a security interest in trust assets to secure obligations of the trust, the trustor(s) or the beneficiaries.

6. **Levy/Attachment.** If: (a) the trust is revocable; and (b) (i) the Credit Union receives any garnishment, levy or other form of execution against the trustor, or (ii) the trustor(s) owe money to the Credit Union, the Credit Union may treat all accounts (including safe deposit boxes) held by or on behalf of the Trust as if they were held by the trustor(s) individually.

I declare under penalty of perjury that the Trust is currently in full force and effect, the foregoing statements are true and correct, and that the Trust has not been revoked, modified or amended in any manner that would cause any representation contained in this Certification to be incorrect.

This Certification of Trust is dated \_\_\_\_\_.

X \_\_\_\_\_  
 Trustor Signature

X \_\_\_\_\_  
 Trustee #1 Signature

X \_\_\_\_\_  
 Trustee #2 Signature