



ACCOUNT APPLICATION AND AGREEMENT

For Trust and Estate Accounts
FOR MAIL-IN OR OFFSITE APPLICATIONS

Attach one (1) copy of identification for **each** applicant; and if current residence not listed on ID, proof of address. **US Citizen** – valid photo government-issued ID (Driver's License, Passport, Military ID, County/DMV ID); **Minor** – Social Security Card; **Green Card Holder** – Green Card and Social Security Card and valid Driver's License (or Passport); **Resident Foreign National** – US Visa and Passport and Social Security Card (or Record of Individual Tax ID#) Mail form to PO Box 621 Basking Ridge, NJ 07920

§USA Patriot Act: 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 to 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.

STEP 1 – Entity Type **MEMBERSHIP Number (CU Use Only)**

(I am)(We are) applying for the following type of Affinity Commercial Membership:

- Revocable Trust Irrevocable Trust Estate

NOTE: For Trusts all grantors must be or become an AFCU member when establishing a revocable trust. All grantors or beneficiaries must be or become an AFCU member when establishing an irrevocable trust.

STEP 2 – Choose Account Type

Indicate your initial deposit amount(s) and payment source: Cash Check or Transfer from Member # :

<input type="checkbox"/> Membership Eligibility (\$5 deposit required for new memberships)	<input type="checkbox"/> Certificate(s) - \$500 min
<input type="checkbox"/> Affinity Cash Back Debit Initial Deposit: \$ _____	Term (in months): _____ Initial Deposit: _____ Post Dividends to: _____
<input type="checkbox"/> More Checking Initial Deposit: \$ _____	_____ Months \$ _____ <input type="checkbox"/> Certificate <input type="checkbox"/> Other: _____
<input type="checkbox"/> SmartStart Savings Initial Deposit \$ _____	_____ Months \$ _____ <input type="checkbox"/> Certificate <input type="checkbox"/> Other: _____
<input type="checkbox"/> More Savings Initial Deposit \$ _____	_____ Months \$ _____ <input type="checkbox"/> Certificate <input type="checkbox"/> Other: _____
<input type="checkbox"/> Non-Interest Savings Initial Deposit \$ _____	

STEP 3 – Trust/Estate Information

Name of Trust/Estate	Corporate Doing Business As (DBA) Name, when applicable	Employer Identification Number/SSN	Business Phone Number
Trust Address: Street	City	State	Zip Code
Mailing Address (if different) : Street/PO Box	City	State	Zip Code

Step 4 – Grantor/Settlor/Executor

Name	Social Security Number	Existing Member Number (if applicable)	Date of Birth
Home Address: Street	City	State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address
		Driver's License Number (including State)	Mother's Maiden Name

Step 4a – Additional Grantor/Settlor/Executor

Name	Social Security Number	Existing Member Number (if applicable)	Date of Birth
Home Address: Street	City	State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address
		Driver's License Number (including State)	Mother's Maiden Name

Step 4b – Additional Grantor/Settlor/Executor

Name	Social Security Number	Existing Member Number (if applicable)	Date of Birth
Home Address: Street	City	State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address
		Driver's License Number (including State)	Mother's Maiden Name

Step 4c – Additional Grantor /Settlor/Executor

Name	Social Security Number	Existing Member Number (if applicable)	Date of Birth
Home Address: Street	City	State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address
		Driver's License Number (including State)	Mother's Maiden Name

Step 6 – Trustee

Name		Social Security Number	Existing Member Number (if applicable)		Date of Birth	
Home Address: Street			City		State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	Mother's Maiden Name	

Step 6a – Additional Trustee

Name		Social Security Number	Existing Member Number (if applicable)		Date of Birth	
Home Address: Street			City		State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	Mother's Maiden Name	

Step 6b – Additional Trustee

Name		Social Security Number	Existing Member Number (if applicable)		Date of Birth	
Home Address: Street			City		State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	Mother's Maiden Name	

Step 6c – Additional Trustee

Name		Social Security Number	Existing Member Number (if applicable)		Date of Birth	
Home Address: Street			City		State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	Mother's Maiden Name	

Step 6 – Beneficiary

Name		Social Security Number	Existing Member Number (if applicable)		Date of Birth	
Home Address: Street			City		State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	Mother's Maiden Name	

Step 6a – Additional Beneficiary

Name		Social Security Number	Existing Member Number (if applicable)		Date of Birth	
Home Address: Street			City		State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	Mother's Maiden Name	

Step 6b – Additional Beneficiary

Name		Social Security Number	Existing Member Number (if applicable)		Date of Birth	
Home Address: Street			City		State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	Mother's Maiden Name	

Step 6c – Additional Beneficiary

Name		Social Security Number	Existing Member Number (if applicable)		Date of Birth	
Home Address: Street			City		State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	Mother's Maiden Name	

Step 7 – 24 Hour Account Access Options

A.) Affinity Visa Debit Access Card or ATM Card

- Debit Card:** Check here to apply for an **Affinity Visa Debit Access Card**; however, you must have an Affinity Checking Account.
- ATM Card:** Check here if you would like 24-hour ATM access, but do not have an Affinity Checking Account. An Affinity ATM card will be issued.
- Replacement Debit/ATM Card:** Check here to request a replacement
- Type: Affinity Visa Debit Access Card ATM Card for: Trustee Trustee A Trustee B Trustee C

B.) Online Banking, AUDREY (Telephone Banking) and Cross Member Transfers

You will be automatically enrolled in Online Banking and AUDREY once your account(s) has been open for 24 hours

- Check here if you wish to transfer funds from your membership accounts to a different membership's account number. If you elect this feature, enter the member name(s) and account number(s) you would like to transfer to:

Member Name	Account Number	Member Name	Account Number

Step 8 – Trust Profile Worksheet

Will you be using a Safe Deposit Box? YES NO

Which of the following transactions will you perform?

- Cash Deposits
- Cash Withdrawals
- Incoming Wire Transfers Please indicate foreign countries you will receive wires from
- Outgoing Wire Transfer Please indicate foreign countries you will receive wires from
- Incoming (non-wire) Electronic Transfers
- Outgoing (non-wire) Electronic Transfers
- Check Deposits
- Check Withdrawals
- Monetary Instrument Purchases
- ATM Deposits
- ATM Withdrawals

- Approximate Frequency: _____per month Over \$10,000 Under \$10,000
- Approximate Frequency: _____per month Over \$10,000 Under \$10,000
- Approximate Frequency: _____per month Over \$25,000 Under \$25,000
- Approximate Frequency: _____per month Over \$25,000 Under \$25,000
- Approximate Frequency: _____per month Over \$25,000 Under \$25,000
- Approximate Frequency: _____per month Over \$25,000 Under \$25,000
- Approximate Frequency: _____per month Over \$15,000 Under \$15,000
- Approximate Frequency: _____per month Over \$15,000 Under \$15,000
- Approximate Frequency: _____per month Over \$10,000 Under \$10,000
- Approximate Frequency: _____per month Over \$10,000 Under \$10,000
- Approximate Frequency: _____per month Over \$10,000 Under \$10,000

Step 9 – Signatures

I/We hereby make application for membership in Affinity Federal Credit Union and agree to conform to its Laws and Amendments thereof and subscribe to at least one share (\$5). I certify that all of the information contained in this Application is accurate to the best of my knowledge. By signing below, I acknowledge I have received and read the agreements and disclosures for the accounts and services requested, and I agree to be bound to the terms and conditions of any account that I have with Affinity now or in the future and agree that Affinity may change those terms and conditions from time to time. If applying for an automated teller machine (ATM) card, Visa Debit Card, Internet Account Access, or Telephone Banking (AUDREY), I understand and agree that the use of my Personal Identification Number (PIN), Password, or signature to access my accounts by ATM, Visa Debit Card, Internet Account Access and/or Telephone Banking (AUDREY) will be my acceptance of the terms and conditions of the applicable service agreement.

I certify under penalty of perjury that (1) the Social Security or Taxpayer Identification Number provided on this application is correct, (2) the IRS has never notified me that I am subject to 24% backup withholding, or has never notified me that I am no longer subject to such backup withholding, and (3) I am a US Person (including a U.S. resident alien). Note: If part (2) of this sentence is not true in your case, please strike out and initial before signing. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

- By checking the box below, I/We consent to receive promotional, marketing, and/or solicitation emails, automated marketing phone calls or text messages from Affinity Federal Credit Union.

Affinity Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of business for this account.

X _____ X _____
 Trustee Signature (Step 4) Date Trustee Signature (Step 4A) Date

X _____ X _____
 Trustee Signature (Step 4B) Date Trustee Signature (Step 4C) Date

FOR CREDIT UNION USE ONLY

Date: _____ Branch: _____ Employee: _____