

## CUSTODIAN'S SAVINGS ACCOUNT

Social Security Number of Minor \_\_\_\_\_ Minor's D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Custodian Share Account Number \_\_\_\_\_

I hereby apply for a custodian account in the \_\_\_\_\_ Credit Union

with the account title: As custodian for \_\_\_\_\_  
(name of minor - one only)

under the Uniform Transfers to Minors Act, \_\_\_\_\_, custodian.  
(name of custodian - one only)

I hereby acknowledge receipt of Share Account No. \_\_\_\_\_ in my name as Custodian for said minor under the Uniform Transfers to Minors Act and I understand and agree that I am bound thereby. The credit union is hereby authorized to act without further inquiry in accordance with writings bearing my signature, as shown below, according to the provisions of said statute. The credit union is authorized to supply any endorsement for me on any check or other instrument tendered for this account and is hereby relieved of any liability in connection with the collection of such items which are handled by it, and shall not be liable for the acts of its agents, subagents or others, or for any casualty.

This account shall remain a custodial account until the minor achieves the age of eighteen, unless otherwise designated.

\_\_\_\_\_  
Signature of Custodian

Custodian's Address \_\_\_\_\_  
\_\_\_\_\_

Minor's Address \_\_\_\_\_  
\_\_\_\_\_

### NOTICE

*If you wish to designate a successor custodian and/or designate a majority of twenty-one, please execute at the appropriate place below.*

-----  
**Designation of Successor Custodian (Optional)**

In the event of my resignation, death or legal incapacity, I designate \_\_\_\_\_ as successor custodian, such appointment to take effect upon the occurrence of such event.

Date \_\_\_\_\_ (Custodian)

\_\_\_\_\_  
Witness - other than successor custodian

-----  
**Twenty-One Majority (Optional)**

The intent of the donor is that this account shall remain a custodial account until the minor achieves the age of twenty-one.

Date \_\_\_\_\_ (Custodian)



**AMERICAN  
BROADCAST  
EMPLOYEES  
FEDERAL  
CREDIT UNION**

PO BOX 4002  
ANSONIA STATION  
N.Y. N.Y. 10023



## ACCOUNT CARD

### MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: \_\_\_\_\_

Member/Owner: \_\_\_\_\_

Street: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Listed  Unlisted

Date of Birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Password: \*\*\*\*\*PLEASE LEAVE BLANK\*\*\*\*\*

E-mail: \_\_\_\_\_

Membership Eligibility: \_\_\_\_\_

Employer: \_\_\_\_\_

**MOTHERS MAIDEN NAME:** \_\_\_\_\_

### ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual  Joint Account with Rights of Survivorship  Joint Account without Rights of Survivorship

Joint Owner: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Street: \_\_\_\_\_

Driver's Lic. No: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Listed  Unlisted

Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Joint Owner: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Street: \_\_\_\_\_

Driver's Lic. No: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Listed  Unlisted

Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Joint Owner: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Street: \_\_\_\_\_

Driver's Lic. No: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Listed  Unlisted

Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account  All Accounts  Designate Specific Accounts \_\_\_\_\_

Beneficiary/POD Payee: \_\_\_\_\_

Beneficiary/POD Payee: \_\_\_\_\_

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

UTMA/UGMA (as custodian for Minors Act)

(minor) under the Uniform Transfers/Gifts to

Minor's SSN/TIN: \_\_\_\_\_

Agency Print Name of Agent: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

All Accounts  Designate Specific Accounts \_\_\_\_\_

Other: \_\_\_\_\_

See Account Authorization Card

### ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

Suffix

Suffix

Share/Savings: \_\_\_\_\_

Money Market: \_\_\_\_\_

Share Draft/Checking: \_\_\_\_\_

HSA: \_\_\_\_\_

Share Certificate/Certificate: \_\_\_\_\_

Other: \_\_\_\_\_

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

**ACCOUNT SERVICES**

|  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Payroll Deduction/Direct Deposit:                   |                                      |
| <input type="checkbox"/> Audio Response:                                     |                                      |
| <input type="checkbox"/> Overdraft Protection (Indicate transfer priority.): |                                      |
| <input type="checkbox"/> ATM Card:   | <input type="checkbox"/> Debit Card: |
| <input type="checkbox"/> PC Access/Internet Banking:                         |                                      |
| <input type="checkbox"/> Other:  |                                      |

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

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), 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701.7).

Certification Instructions. Cross out item 2 above 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.

**AUTHORIZATION**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

|           |      |           |      |
|-----------|------|-----------|------|
| <u>X</u>  |      | <u>X</u>  |      |
| Signature | Date | Signature | Date |
| <u>X</u>  |      | <u>X</u>  |      |
| Signature | Date | Signature | Date |

|  |  |   |
|--|--|---|
| <b>FOR CREDIT UNION USE ONLY</b>       | <input type="checkbox"/> See Account Change Card | <input type="checkbox"/> See Insurance Beneficiary Card |
| Date of Membership:                    | Opened/App'd by:                                 | Member Verification: <b>OFAC HIT: __YES __NO</b>        |
| <input type="checkbox"/> Credit Report | <input type="checkbox"/> Check Verify            | <input type="checkbox"/> PIN Request                    |
| <input type="checkbox"/> Access Card   | <input type="checkbox"/> Audio Response          | <input type="checkbox"/> PC Access/Internet Banking     |