



DCU/Custodial, Totten and Fiduciary Account Membership Application Checklist

Please use the DCU/Custodial, Totten and Fiduciary Account Membership Application to open a:

- Custodial Account (Under "Uniform Transfers to Minors Act")
- Totten Account
- Fiduciary Accounts
 - Estate
 - Guardianship
 - Representative Payee

To speed up the processing of your application, please follow these steps:

1. Fill out the application completely and sign it. **Incomplete or unsigned applications will be returned.**
2. Include copies of all required documentation (see below).
 - **Custodial Account** – Custodian must provide Required Identification unless already a DCU Member, and a copy of the minors Social Security card.
 - **Totten Account** - Trustee(s) must provide Required Identification unless already a DCU Member(s)
 - **Fiduciary Account** – Fiduciary must provide Required Identification unless already a DCU Member.
 - **Estate**
Attach Death Certificate
Taxpayer Identification Number Required
Attach court documentation appointing the individual opening the account as executor or administrator of the estate.
 - **Guardian**
Attach SSA Documentation
Social Security Number Required
 - **Representative Payee**
Attach Guardianship Documents
Social Security Number Required
3. Mail your completed application with a check or money order for your initial deposit payable to Digital Federal Credit Union to:

**Digital Federal Credit Union
Account Services Department
220 Donald Lynch Boulevard, PO Box 9130
Marlborough, MA 01752-9130**

What you can expect

Once you mail in your application.....

- Allow 2 weeks for your request to be processed.
- Allow 2 additional weeks to receive a Truth-in-Savings Disclosure, and an Electronic Services Disclosure and Agreement. These disclosures are also available online from our website at www.dcu.org and in our branches.



Member Number (assigned by DCU) _____

BANKING – THE DCU WAY

Digital Federal Credit Union • 220 Donald Lynch Blvd • PO Box 9130 • Marlborough, MA 01752-9130
508.263.6700 • 800.328.8797 • dcu.org • dcu@dcu.org

Custodial, Totten and Fiduciary Account Application

I work for or belong to _____

I am an immediate family member of: Their Name _____ Member # _____

Instructions: Complete Sections I, III, and IV along with the applicable area (A, B, or C) within Section II.

IMPORTANT INFORMATION: We are required by federal law to obtain, verify, and record information that identifies each person opening or having access to a DCU Account. We will ask for your legal name, residential address, Social Security Number (SSN) or individual Taxpayer Identification Number (ITIN), Phone Number, and Date of Birth. **REQUIRED IDENTIFICATION: No competent adult individual can be named on this account in any capacity without having the following current identification, one which must include a picture and one of which must reflect the individual's current residential address as given.** If one of those forms of identification includes **both** you need only submit that one: US Driver's licence • US Social Security Card • Passport • US Military ID • US Work Visa • Other Government issued picture ID (2nd ID always required). DCU reserves the right to request additional identification. **If you are already a DCU Member, you are not required to provide the REQUIRED IDENTIFICATION, but you must provide your DCU Member #, Legal Name, and SSN below.**

I. CUSTODIAN, TRUSTEE, OR FIDUCIARY INFORMATION

Legal Name _____ SSN _____ – – DOB ____ / ____ / ____ Phone (____) _____

Residential Address _____ Apt # _____ City/State/ZIP _____

Yrs at this Address _____ License # (if different than SSN) _____ DCU Personal Member # (if applicable) _____

II. ACCOUNT TYPE

A. CUSTODIAL ACCOUNT (Under "Uniform Transfers to Minors Act") - Custodian must provide Required Identification unless already a DCU Member.

Minor's Name _____ DOB ____ / ____ / ____

Minor's SSN (for reporting purposes) **See Section IV** _____

Designation of Successor Custodian: If I, the current Custodian, should be unable to act as Custodian, resign, die, or become legally incapacitated, I designate (please print) _____, whose address is _____ as Successor Custodian on this account.

B. TOTEN ACCOUNT - Trustee(s) must provide Required Identification unless already a DCU Member(s)

Trustee's SSN (for reporting purposes) **See Section IV** _____

Co-Trustee Information (if applicable):

Legal Name _____ SSN _____ – – DOB ____ / ____ / ____ Phone (____) _____

Residential Address _____ Apt # _____ City/State/ZIP _____

Beneficiary Information:

Name _____ SSN _____ – – DOB ____ / ____ / ____ Phone (____) _____

Address _____ Apt # _____ City/State/ZIP _____

Relationship to Trustee _____

Name _____ SSN _____ – – DOB ____ / ____ / ____ Phone (____) _____

Address _____ Apt # _____ City/State/ZIP _____

Relationship to Trustee _____

C. FIDUCIARY ACCOUNT - Fiduciary must provide Required Identification unless already a DCU Member

Estate

- Attach Death Certificate
- Taxpayer Identification Number Required (See Section IV)

Guardian

- Attach Guardianship Documents
- Social Security Number Required (See Section IV)

Representative Payee

- Attach SSA Documentation
- Social Security Number Required (See Section IV)

Account Title _____

Check one Account NOT Blocked
 Account BLOCKED (I understand I may not withdraw ANY amount except upon court order which I will furnish.)

III. ACCOUNTS/SERVICES

- Savings/Membership (\$5.00*)
- Checking**
- Money Market (\$1,000 minimum to earn dividend)
- Member Described (Title _____)
- PC Branch
- Check/ATM Card

*Required minimum to open **Upon approval (Not available on BLOCKED Fiduciary Account)

IV. AGREEMENT/TAXPAYER ID NUMBER (TIN) CERTIFICATION AND BACKUP WITHHOLDING

If I am not currently a member, I hereby make application for membership in Digital Federal Credit Union and certify that I, or the appropriate party as named on this form, am within the field of membership, whether by way of employment, an organization or community affiliation, or an Immediate Family relationship as defined in the *Truth-in-Savings Disclosure and Account Agreements*. Signing below constitutes an agreement to conform to the Credit Union's bylaws and the terms and conditions of the *Truth-in-Savings Disclosure and Account Agreements* and the *Electronic Services Disclosure and Agreements* which I acknowledge receipt of and which are incorporated by this reference whether applicable to products and services I am currently requesting or request in the future. I authorize you to gather whatever credit, checking account, and employment information you consider appropriate from time to time.

<p>Taxpayer Identification Number (TIN)</p> <p>I agree to enter my TIN in the appropriate box. For individuals, this is my Social Security Number (SSN). For most entities, it is my Employer Identification Number (EIN). If I do not have a number, I will see "How To Get a TIN" in the <i>Truth-in-Savings Disclosure and Account Agreements</i>.</p>	<p>Payee Exempt From Backup Withholding (see Part III instruction in <i>Truth-in-Savings Disclosure and Account Agreements</i>).</p>
<div style="border: 1px solid black; width: 100%; height: 30px; display: flex; align-items: center; justify-content: center;"> Taxpayer I.D. Number: </div>	

Certification

Under penalties of perjury I certify that: (1) the information provided on this form is true, correct, and complete; and (2) the owner of the Social Security Number (SSN) or Taxpayer Identification Number (TIN) under which this account is being opened is not subject to backup withholding.

I agree to cross out (2) above and check the following box if the owner of the SSN or TIN under which this account is being opened has been notified by the IRS that he or she is subject to backup withholding because of underreporting of interest or dividends on a tax return . The IRS does not require your consent to any of the provisions of this document other than the certification required to avoid backup withholding.

Signature and Certification of Custodian, Trustee, or Fiduciary _____ **Date** ____/____/____

Signature of Co-Trustee (if applicable) _____ **Date** ____/____/____

INTERNAL USE ONLY

Received ____/____/____ Processed By (#) _____ X-Ref # _____ Audited By (#) _____
 Custodian, Trustee or Fiduciary ID Type _____ # _____ Exp ____/____/____ Add'l Doc _____
 Co-Trustee (if applicable) ID Type _____ # _____ Exp ____/____/____ Add'l Doc _____

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