



Custodial Master Membership and Account Agreement

Wright-Patt Credit Union
 Attn: Member Services
 P.O. Box 286
 Fairborn, OH 45324-0286

Please print out and complete the following application, have the custodian's signature **notarized**, and mail along with a **photocopy of valid state or government issued picture ID** of the custodian.

Federal Law requires us to obtain, verify and record information about your identity. When you open an account, you will be asked to provide information that will allow us to identify you. We will also ask for a copy of your driver's license or other federal or state government ID. Thank you in advance for your cooperation.

Minor Member-Owner	Name	Account #	Date
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Accounts To Be Opened		
Savings Accounts:		Products/Services:
<input type="checkbox"/> TrueSaver Account	<input type="checkbox"/> Club Account Term: _____ (between 3 and 12 months)	<input type="checkbox"/> eStatements*
<input type="checkbox"/> Secondary Share Account	<input type="checkbox"/> Share Certificate Term: _____ (between 6 and 72 months)	
<input type="checkbox"/> Personal Capital Money Market Savings		

**must provide email address below*

MINOR Member-Owner		
Name	SSN	Date of Birth
Street Address		
City	State	Zip
Home Phone	How Eligible for Membership	

CUSTODIAN			
Name	SSN	Date of Birth	
Street Address	City	State	Zip
Home Phone ()	Work Phone (include ext.) ()	Cell Phone ()	
Email Address			

For Credit Union use only: Teller #

- New Account
- Name Change

Qualify:

- Record
 - No Record
- US Citizen:
- Yes
 - No

The Undersigned (“Custodian”) hereby authorizes Wright-Patt Credit Union, Inc. (the “Credit Union”) to establish this Share Account (“Account”) on behalf of the aforesaid minor. The Credit Union is hereby authorized to recognize the signature subscribed hereto in the payment of funds or the transaction of any business on this Account. This Master Custodian Account Agreement is a continuing authorization to open any additional deposit sub-accounts on the verbal or written request of the Custodian.

The Custodian hereby agrees to strictly observe the terms of the Ohio Transfers to Minors Act, Ohio Revised Code § 5814.01-5814.09, and under no circumstances will the funds in this account be pledged for loans for the personal use of the Custodian.

The custodian hereby agrees to notify the Credit Union in writing immediately upon the death of the minor or at the time the minor attains the age of majority. After notifying the Credit Union of either of these events, the Custodian’s authority over the Account continues only to the extent allowed by law. Before it receives such notice, the Credit Union may act upon the instructions of the Custodian on transactions involving this account without incurring any liability to the minor or to any third party, and the Custodian will be liable to the Credit Union for any loss or expense it incurs because of failure to give prompt notice.

The Custodian acknowledges that he or she has read, understands, and agrees to be bound by the terms and conditions of this Agreement, and acknowledges receipt of the Share Account Disclosure, a General Fee Schedule, and a Rate Sheet, which are hereby incorporated and made part of this Agreement.

Please check the appropriate boxes:

TIN Certification and Backup Withholding: Under penalty of perjury, I certify that the SSN/TIN number shown on this form is the correct taxpayer identification number (social security number) for the aforesaid minor and:

- The aforesaid minor is a U.S. person (including a U.S. resident alien), and;
- The aforesaid minor is not subject to backup withholding because he/she is exempt from backup withholding; the aforesaid minor has not been notified by the Internal Revenue Service (“IRS”) that he/she is subject to backup withholding as a result of failure to report all interests or dividends; or the IRS has notified the aforesaid minor that he/she is no longer subject to backup withholding.
- The aforesaid minor is subject to backup withholding

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

Sign below. Please keep your signature inside the dark box.

Custodian Signature		Date
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