

Member Service Agreement for a Trust

Part 1



MISSISSIPPI FEDERAL
CREDIT UNION

P.O. Box 55889 • Jackson, MS 39296
PH: 601-351-9200 • TF: 800-643-1567 • msfcu.us

INFORMATION ABOUT THE TRUST

Title of Account (generally the name that matches the SSN/EIN should come first on this line) _____ Date of the Trust _____ SSN/EIN for Acct. _____
Select Revocable
One Irrevocable

Full Title of the Trust that the Account is Opened For _____

1 (Optional) _____ 2 (Optional) _____ 3 (Optional) _____ 4 (Optional) _____
Optional Info: Grantor(s) Name(s) at CU Discretion 1 2 3 4 | Beneficiary(s) Name(s) at CU's Discretion for NCUSIF Purposes Only 1 2 3 4

MEMBER NUMBER Savings Checking Green Plus Checking Premier Checking

SHARE CERTIFICATE ACCOUNT ANNUAL PERCENTAGE YIELD (APY), RATE & TERMS (As Applicable)

Term _____ Amount _____ Source of \$ _____ Rate _____ Annual % Yield _____ Maturity Date _____
Dividends to: Remain in Acct. Deposit to Acct. _____ **On Maturity:** Remain in Acct. Deposit to Acct. _____

SERVICE(S) E-Statement Online Access Debit Card Phone Branch Pay Overdrafts: Checks/ACH Debit Card/ATM

TRUSTEE INFORMATION (A trustee may start, conduct transactions on, maintain, change, add and terminate an account, product or service on behalf of the trust.)

Trustee 1 Name _____ Address _____ City _____ State _____ ZIP _____

Home Phone _____ Mobile Phone _____ Mailing Address (if different from physical address) _____ City _____ State _____ ZIP _____

E-mail _____ Social Security Number _____ Date of Birth _____ Driver's License – State, Number & Issue and Exp. Date _____

Employer/Retired From _____ Occupation/Profession _____ Work Phone _____ Mother's Maiden Name _____

Trustee 2 Name _____ Address _____ City _____ State _____ ZIP _____

Home Phone _____ Mobile Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____

Driver's License – State, Number & Issue and Exp. Date _____ Employer/Retired From _____ Occupation/Profession _____ Work Phone _____

SUCCESSOR TRUSTEE DESIGNATIONS(S) (Persons who may receive the funds in the account(s) on proof that the trustee(s) can no longer act as trustee(s) of the trust.)

Successor Trustee 1 _____ Relationship _____ **Successor Trustee 2** _____ Relationship _____

TAX INFORMATION CERTIFICATION: By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS 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 Exempt I am not a United States citizen or resident (complete W-8 form)

ACKNOWLEDGMENT: The trust and/or trustees is/are, or applies/apply to be, a member or members of Mississippi Federal Credit Union ("we", "us" & "our"), or is/are authorized to take action, according to our Member Service Agreement (the MSA Parts 1 & 2). The trustee(s) ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Charges disclosures, and which, along with our records, comprise the terms of the MSA. Part 2 has been emailed to Trustee 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You understand a trustee may conduct transactions on and take action to start, maintain, change, add or terminate accounts, products and services, as explained in Part 2 of the MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. You affirm that the trust is currently in full force and effect and has not been revoked or changed in any manner that would cause any representation in this Part 1 form or to us to be incorrect. You also affirm that the trust agreement provides you full power to transact any business on behalf of the trust with us, including the power to conduct transactions on and start, maintain, change, add or terminate accounts, products and services, and does not contain restrictions or limitations of such powers, except as stated in the MSA. If the trust is revocable and we receive any garnishment, levy, or other form of execution against a grantor, or if a grantor owes money to us, you agree we may treat all accounts (and safe deposit boxes) held by or on behalf of the trust as if they were owned by the grantor individually. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, using any account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding (in Section 7 above).

Trustee 1 Signature _____ Trustee 2 Signature _____ I agree to be removed as a Trustee _____

State of _____ in the county of _____ Notary _____

This Agreement was signed before me on _____ Commission Expires _____

by _____
Names of Trustee(s)

OFFICE USE ONLY _____ Page 1 of 2 _____
CU Employee Name _____ ID Number _____ Field of Membership _____ Date _____
O|C|A|T