



Savings	Checking	Money Market	Certificate	Other _____	Trust Account # _____
Trust accounts are not eligible for loans					New Update

PRIMARY TRUSTEE					
PRINT NAME		MALE	FEMALE	SOCIAL SECURITY #	TRUSTEE ACCOUNT #
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)					
MAILING ADDRESS					
OCCUPATION	SECURITY PASSWORD	DRIVER'S LICENSE NUMBER		STATE OF ISSUE	DATE OF BIRTH
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	EMAIL ADDRESS		

CO-TRUSTEE					CO-TRUSTEE ACCOUNT #
PRINT NAME		MALE	FEMALE	SOCIAL SECURITY #	SECURITY PASSWORD
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable) Check here if same as above.					
MAILING ADDRESS					
OCCUPATION	RELATIONSHIP TO PRIMARY	DRIVER'S LICENSE NUMBER		STATE OF ISSUE	DATE OF BIRTH
HOME NUMBER	CELL NUMBER	WORK NUMBER	EMAIL ADDRESS		

TRUST ACCOUNT INFORMATION		Irrevocable Trusts will not be accepted
This account is being opened on behalf of a Revocable Living Trust.		Required Documentation: Agreement Addendum
Legal Name of Trust: _____	Trust TIN or Owner's/Grantor's/Settlor's SSA _____	TIN SSN
Name of Trustee: _____	Trust Dated: _____	
Name of Owner/Grantor/Settlor (if different from Trustee): _____	Attorney of Record: _____	
	Phone: _____	
	Email: _____	
<p><u>Trustee Certification & Agreement.</u> By signing this Application, Trustee (whether one or more) certifies that he/she is the duly authorized Trustee for the Trust named herein, and is duly authorized to open accounts, transact business, encumber or pledge Trust accounts and assets, and execute agreements with the credit union. Trustee agrees to present appropriate and complete Trust documents and any other documentation as requested by credit union from time to time. Any Trust Amendments, or changes to Trustees or Beneficiaries, will require the completion of a new iTHINK Financial Credit Union Trust Application and supporting documentation. An existing Membership may not be converted to a Trust, a new account should be opened. A Power of Attorney (POA) will not be accepted to manage a Trust, a Trust amendment will be required.</p> <p>Under the terms of the document(s) creating and governing the trust, any one trustee is authorized without limitation to make any instruction or execute any transaction on an account owned by the trust as if the trustee owned the account personally and alone. The trustee certifies that the terms of the trust documents are not in conflict with any term contained in this document. Trustee understands and agrees that the accounts listed above are owned by the Trust, and are in full force and effect, unless revoked, supplemented or modified by this authorization.</p> <p>The credit union is authorized to comply with the direction of any one trustee concerning any transaction or instruction on an account. Requests for withdrawal, orders for payment or other transactions on the trust's account(s) evidenced by the trustee's signature may be honored even if the trustee omits the title "trustee" from his or her signature or otherwise fails to indicate a representative capacity, the intent being that the trustee is acting in a representative capacity. We have no duty to inquire or investigate regarding the use or purpose of any transaction or the propriety or impropriety of any action taken by the Trustee. Upon the death of an original trustee, an Internal Revenue Service (IRS) Tax Identification Number (TIN) will be required to replace a trustee's Social Security Number, if an TIN has not already been provided.</p> <p>The credit union reserves the right to require written consent of all trustees for any transaction on an account, including a transfer or withdrawal of funds, or for a change or termination of an account. If the credit union receives notice concerning a dispute over an account or inconsistent instructions from trustees, the credit union may suspend or terminate the account or require a court order or written consent from all trustees to act. The trustee(s), personally and as representative for the trust, agrees to indemnify and hold the credit union harmless from any and all claims, suits, actions, damages, judgments, liabilities, losses, costs, charges and expenses, including court costs and attorney's fees that the credit union shall or may sustain resulting from a trustee's misconduct or misrepresentation.</p> <p>By signing this Application, Trustee agrees and understands that he is signing on behalf of the Trust and has no voting rights in the Credit Union in connection with his representative capacity and must qualify in his personal capacity in order to become a member of the Credit Union.</p>		

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

Under penalties of perjury, I certify that the number shown on this Application as my Social Security Number or TIN is my correct taxpayer identification number, and that the Tax Identification Number (TIN) for the Trust is accurate (check applicable boxes):

I am not subject to backup withholding due to failure to report interest and dividend income. Trustee Co-Trustee I am a U.S. Citizen. Trustee Co-Trustee

AUTHORIZED SIGNATURES

By signing below, I am applying for a Trust account in the Credit Union and/or for the accounts and services indicated. I certify that all information provided in this Application is true and complete to the best of my knowledge. I agree to abide by the Bylaws and other rules of the Credit Union and agree not to cause any loss to the Credit Union. I acknowledge receipt of, and agree to the terms of, the iTHINK Financial Credit Union disclosures and to any amendments made thereto. This agreement, and all subsequent amendments and addendums, will be governed by applicable Federal law and the laws of the State of Florida. Credit Union Membership is required of the primary Trustee to be eligible for a Trust account. By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including autodialed and prerecorded message calls, from the Credit Union or its third party providers, such as its fraud prevention monitoring vendor, at that number. By providing an email address, I also consent to receiving emails from the Credit Union and its third party providers, regarding products and services.

THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

All Trustees must sign this application and provide copies of identification. If you have additional Trustees, please attach a separate sheet with the required information.

SIGNATURE OF PRIMARY TRUSTEE (Do Not Print) X	DATE	SIGNATURE OF CO-TRUSTEE (Do Not Print) X	DATE
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