

TRUST ACCOUNT APPLICATION & SIGNATURE CARD



Simply bring this completed and notarized Trust Account application to your local branch or mail it to us with a **copy of each Trustee's valid identification**. All Trustees must be eligible for Credit Union membership and be allowed to act independently on the Trust. Wings Financial will only open Trust Accounts for Trusts that have not been terminated or revoked.

Open New Account for Trust Recertification/Signer Change

Retitle Existing Account(s) to a Trust *(please list account numbers to be retitled)*

_____	_____
_____	_____
_____	_____

CERTIFICATE OF TRUST

TRUST INFORMATION			
Full Name of Trust			Wings ID
Mailing Address	City	State	Zip
Federal Tax ID #	Phone Number	Date of Trust Instrument	
The number of Trustees required to act is:		Are the Trustees allowed to act independently?	Yes No
The Trust has <input type="checkbox"/> has not (check one) been terminated or revoked			
GRANTOR INFORMATION (required)			
First Grantor Name	U.S. Tax Identification Number	Date of Birth	Wings ID
Second Grantor Name	U.S. Tax Identification Number	Date of Birth	Wings ID
BENEFICIARY INFORMATION (required)			
Beneficiary Name	U.S. Tax Identification Number	Date of Birth	Wings ID
Beneficiary Name	U.S. Tax Identification Number	Date of Birth	Wings ID
Beneficiary Name	U.S. Tax Identification Number	Date of Birth	Wings ID
TRUSTEE #1 INFORMATION AND ELIGIBILITY			
Trustee #1 Name			Wings ID
Date of Birth	U.S. Tax Identification Number	By checking this box I certify I am a U.S. Citizen or Resident Alien.	
Mailing Address <i>(residence address required if P.O. Box)</i>		City	State Zip
Residence Address <i>(required if different than mailing address)</i>		City	State Zip
Home Phone	Landline Wireless	Business Phone	Landline Wireless Cell Phone
Email Address	Place of Birth <i>(City/State)</i>		Mother's Maiden Name
Employer Name <i>(please indicate if retired or unemployed)</i>		Employer City/State	
ID Type <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID	ID Number		Issuing State/Country
COMMUNITY Please refer to wingsfinancial.com for eligibility information. I live or work in an eligible county. I live or work in the Seattle/Tacoma metro area.	FAMILY MEMBERSHIP I am an immediate family member of an eligible individual. EMPLOYER I am an employee of a qualified employer.	AIR TRANSPORTATION I am an air transportation employee/retiree. WINGS FINANCIAL FOUNDATION I would like to become a foundation member. <i>(\$5 donation required)</i>	

(Continued on next page)

TRUSTEE #2 INFORMATION AND ELIGIBILITY

Trustee #2 Name				Wings ID
Date of Birth	U.S. Tax Identification Number		By checking this box I certify I am a U.S. Citizen or Resident Alien.	
Mailing Address <i>(residence address required if P.O. Box)</i>	City	State	Zip	
Residence Address <i>(required if different than mailing address)</i>	City	State	Zip	
Home Phone	Landline Wireless	Business Phone	Landline Wireless	Cell Phone
Email Address	Place of Birth <i>(City/State)</i>		Mother's Maiden Name	
Employer Name <i>(please indicate if retired or unemployed)</i>		Employer City/State		
ID Type Driver's License Passport State ID	ID Number		Issuing State/Country	
COMMUNITY Please refer to wingsfinancial.com for eligibility information. I live or work in an eligible county. I live or work in the Seattle/Tacoma metro area.	FAMILY MEMBERSHIP I am an immediate family member of an eligible individual. EMPLOYER I am an employee of a qualified employer.		AIR TRANSPORTATION I am an air transportation employee/retiree. WINGS FINANCIAL FOUNDATION I would like to become a foundation member. <i>(\$5 donation required)</i>	

TRUSTEE #3 INFORMATION AND ELIGIBILITY

Trustee #3 Name				Wings ID
Date of Birth	U.S. Tax Identification Number		By checking this box I certify I am a U.S. Citizen or Resident Alien.	
Mailing Address <i>(residence address required if P.O. Box)</i>	City	State	Zip	
Residence Address <i>(required if different than mailing address)</i>	City	State	Zip	
Home Phone	Landline Wireless	Business Phone	Landline Wireless	Cell Phone
Email Address	Place of Birth <i>(City/State)</i>		Mother's Maiden Name	
Employer Name <i>(please indicate if retired or unemployed)</i>		Employer City/State		
ID Type Driver's License Passport State ID	ID Number		Issuing State/Country	
COMMUNITY Please refer to wingsfinancial.com for eligibility information. I live or work in an eligible county. I live or work in the Seattle/Tacoma metro area.	FAMILY MEMBERSHIP I am an immediate family member of an eligible individual. EMPLOYER I am an employee of a qualified employer.		AIR TRANSPORTATION I am an air transportation employee/retiree. WINGS FINANCIAL FOUNDATION I would like to become a foundation member. <i>(\$5 donation required)</i>	

SUCCESSOR TRUSTEE INFORMATION

First Successor Trustee Name	U.S. Tax Identification Number	Date of Birth	Wings ID <i>(if applicable)</i>
Second Successor Trustee Name	U.S. Tax Identification Number	Date of Birth	Wings ID <i>(if applicable)</i>
Third Successor Trustee Name	U.S. Tax Identification Number	Date of Birth	Wings ID <i>(if applicable)</i>

CERTIFICATION OF TAX IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

By signing below I certify under penalty of perjury that the Tax Identification Number shown is the correct tax identification number for this Trust and that the Trust is NOT subject to backup withholding because it has not been notified that it is subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS has notified the Trust that it is no longer subject to backup withholding. If the Trust IS subject to backup withholding, check here .

CONSENT TO CONTACT WIRELESS TELEPHONE

Members of Wings Financial have access to market competitive financial products and services. We'd like to contact you from time to time and ensure the products and services you utilize are tailored to your needs and expectations. Wings Financial is required to get consent to contact you at the wireless telephone number provided. By initialing below, you agree that we may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e., cell phone numbers), which may result in charge to you. You agree that we may contact you in order to service your account, prevent fraud, collect any amounts owed to us, and for informational and telemarketing purposes as permitted by law. You further agree that methods of contact may include the use of pre-recorded or artificial voice messages and/or the use of an automatic dialing system. You understand that you are not required to agree to this provision as a condition of purchasing any property, goods, or services. You agree that you have the authority to give consent regarding the wireless number provided.

Trustee #1 Consent:

Trustee #2 Consent:

Trustee #3 Consent:

Please Initial _____

Please Initial _____

Please Initial _____

AGREEMENT AND SIGNATURES

The above-named Trust makes application for membership in the Credit Union and all Trustees agree to conform to its bylaws or any amendments thereto and subscribe to at least one share. The Trustees are authorized by the Trust to sell, convey, pledge, mortgage, lease, or transfer title to any interest in real or personal property, EXCEPT as limited by the following (if not limited, please indicate):

No Limitations Limitations (please explain) _____

All trustees must be eligible for membership with Wings Financial. The undersigned acknowledges receipt of and agrees to a full and complete list of rules and regulations (Account Agreement and Disclosure), and a fee schedule concerning the account. Also, all of the undersigned certify, under penalty of perjury, that all information furnished on this application is true and correct. Any monies may be deposited or withdrawn, subject to the bylaws and rules of the Credit Union, upon any one of the signatures below. The Credit Union is required to, and will, verify identity for all applicants/owners by obtaining a debit and/or credit report. I authorize Wings Financial Credit Union to obtain and use debit and/or credit reports in connection with this account application and for the purpose of considering me for additional financial products and services both now and in the future. The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

The undersigned hereby certifies that the statements contained in the above Certificate of Trust are true and correct, and that there are no other provisions in the Trust Instruments or amendments to it that limit the powers of the Trustee(s) to sell, convey, pledge, mortgage, lease or transfer to interests in real or personal property that are not specified above.

Trustee #1 Signature

X

Date**Trustee #2 Signature**

X

Date**Trustee #3 Signature**

X

Date**NOTARIZATION**

One of the Trustees must sign below in the presence of a notary public.

Before me, the undersigned Notary Public personally appeared _____, Trustee.

State of _____

County of _____

Trustee Signature

Subscribed and sworn to before me

this _____ day of _____, 20_____.

(Seal)

Notary Public _____

CU USE:

Opened/Modified by # _____ Date _____ SV# _____ CK # _____ Other # _____

Reviewed by Teller # & Initials _____

(TR1) Chexsystems Experian ID (TR2) Chexsystems Experian ID (TR3) Chexsystems Experian ID