

State Farm Federal Credit Union
INFORMATION TO FACILITATE TRUST ACCOUNTS

It is understood that the Credit Union will rely upon the statements and information provided below to facilitate any account and/or account services for the trust in question. The Credit Union makes no representations or warranties regarding any person(s) NCUSIF coverage, and refers interested parties to: Your individual Legal Counsel and to NCUA. You may wish to use NCUA's Insurance Calculator, which can be accessed at: <http://webapps.ncua.gov/ins/aaFront/F02.asp>.

A. MEMBERSHIP ELECTION

Select this Box if the Trust Itself seeks to qualify as a member of the Credit Union. If you select this option, the trust will be the member, and will be required to have its own EIN (Tax ID Number).

Select this Box if the Trust will rely on an existing member relationship (e.g., Account in the name of Roger Member for the "Revocable Living Trust of the Roger Member Family"). **If Account is opened based on an existing relationship, then provide:**

1. ***Member's Full Legal Name:** _____

2. **Member's Credit Union Number:** _____

** We will use your SSN for this account in regard to all governmental reporting, including any reporting required to be given to the IRS.*

**You should consult with legal counsel regarding this selection, which may effect taxation and estate/probate issues; and the Credit Union provides no advice or recommendations in this regard.

B. INFORMATION ABOUT THE TRUST

1. Type of Trust: **REVOCABLE** **IRREVOCABLE**
(Required to Check One)

2. Name & Date of Trust Account: (If Different from Member's Name / Title)

NOTE: THIS IS THE NAME THAT WILL APPEAR ON ALL CREDIT UNION DOCUMENTATION.

****Tax I.D. Number for the Account(s):** _____

***Note: the tax id number must match the name (form) given for the account herein (the member). You should consult with your legal counsel or tax adviser if unsure as to the number to use.*

LIST THE FOLLOWING:

All Grantor(s): _____
(person(s)
establishing the
Trust)

All Trustee(s): _____

All Beneficiaries (Required for Irrevocable Trusts. Not Required for Revocable Trusts):

Successor Trustee(s): _____

C. SIGNATURES OF PARTIES ESTABLISHING TRUST ACCOUNTS AND/OR SERVICES

The undersigned represent and warrant their authority to act on behalf of and legally bind the Trust individually pursuant to the Trust Agreement and applicable law, and agree to fully indemnify and hold the Credit Union harmless if the Credit Union is subjected to any claims or liabilities as a result of its reliance or acting upon such authority. **Statements and Other information regarding accounts and services will be provided to the Trustee(s) for the accounts and/or services provided for, to or on behalf of the Trust identified herein and in the Membership Card.**

Signature of Person Establishing Account(s) // Services Date: _____
Title: Trustee

Signature of Person Establishing Account(s) // Services Date: _____
Title: Trustee