

FIDUCIARY ACCOUNT APPLICATION

Welcome to Boeing Employees' Credit Union (BECU). Please complete, sign, and return this form to apply for membership or change information on your current account. Please complete the form in ink. If you have any questions contact a BECU representative at 800.233.2328.

New Account
 Close Account
 Change the following Account(s): _____

1. Account Information

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: Federal law requires all financial institutions to help the government fight the funding of terrorism and money laundering activities by obtaining, verifying, and recording information that identifies each person who opens an account. What this means to you: When you open an account we ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

PRIMARY MEMBER NAME / ACCOUNT TITLE		SOCIAL SECURITY NUMBER / EMPLOYER IDENTIFICATION NUMBER			
HOME PHONE	WORK PHONE	MOBILE PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
STREET ADDRESS (required)	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY	
MAILING ADDRESS (if different from above)	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY	
EMAIL ADDRESS	VALID PICTURE ID NUMBER	ID TYPE	DATE ISSUED	EXP. DATE	STATE & COUNTRY ISSUED
MEMBER ELIGIBILITY					

2. Account Type

<input type="checkbox"/> UTMA - Established by custodian for the minor, named as the Primary Member, under the Washington Uniform Transfer to Minor Act. <input type="checkbox"/> Club/Association Account - Please provide copy of formation documents. <input type="checkbox"/> Is the club registered with WA Secretary of State? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide a Cert. Regarding Beneficial Owner form <input type="checkbox"/> Estate Account - Established by Personal Representative or Executor of Estate. <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Death Certificate <input type="checkbox"/> Letters of Testamentary <input type="checkbox"/> Revocable Living Trust Account - Established by Trustee. <input type="checkbox"/> BECU form of Certification of Trust <input type="checkbox"/> Irrevocable Trust Account - Established by Trustee. <input type="checkbox"/> BECU form of Certification of Trust	<input type="checkbox"/> Benevolent Account - Established by Administrator and owned by the beneficiary. <input type="checkbox"/> Representative Payee Account - Established by Representative Payee and owned by Social Security Administration's benefit recipient. <input type="checkbox"/> Social Security Administration documents <input type="checkbox"/> Guardianship Account - Established by Guardian and owned by the Ward. <input type="checkbox"/> Letters of Guardianship <input type="checkbox"/> Court Order Appointing Guardian <input type="checkbox"/> BECU form of Guardian Instructions & Affidavit <input type="checkbox"/> Does the Court Order instruct account funds to be blocked? <input type="checkbox"/> No <input type="checkbox"/> Yes, collect blocked account required documents below. <input type="checkbox"/> Blocked Account - Established pursuant to court order. <input type="checkbox"/> Must provide court order documents indicating the blocked requirement. <input type="checkbox"/> Must provide Receipt of Funds court document to be signed by BECU upon receiving opening deposit (opening deposit must be for the exact amount as indicated on the Receipt of Funds).
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3. Person Establishing Account

Person Establishing Account (1)	PRINT NAME (1) <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> RETAIN		TITLE	EMAIL ADDRESS	
	SSN / TIN	HOME PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (required)	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
Person Establishing Account (2)	PRINT NAME (2) <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> RETAIN		TITLE	EMAIL ADDRESS	
	SSN / TIN	HOME PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (required)	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

4. Successor Custodian/Successor Trustee

Successor Custodian Trustee (1)	PRINT NAME (1) <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> RETAIN		SSN / TIN	CONTACT PHONE	DATE OF BIRTH
	STREET ADDRESS (required)		CITY	STATE / PROVINCE	ZIP / POSTAL CODE
Successor Custodian Trustee (2)	PRINT NAME (2) <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> RETAIN		SSN / TIN	CONTACT PHONE	DATE OF BIRTH
	STREET ADDRESS (required)		CITY	STATE / PROVINCE	ZIP / POSTAL CODE

5. Beneficiaries Allowed for Trust Accounts Only – No other fiduciary account may designate beneficiaries

Beneficiary (1)	PRINT NAME (1) <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> RETAIN		SSN / TIN	CONTACT PHONE	DATE OF BIRTH
	STREET ADDRESS (required)		CITY	STATE / PROVINCE	ZIP / POSTAL CODE
Beneficiary (2)	PRINT NAME (2) <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> RETAIN		SSN / TIN	CONTACT PHONE	DATE OF BIRTH
	STREET ADDRESS (required)		CITY	STATE / PROVINCE	ZIP / POSTAL CODE

6. Products & Services

Choose all that apply: ATM Card Debit Card Not allowed for Wards or Blocked Accounts

<input type="checkbox"/> Member Share Savings	<input type="checkbox"/>	Issue card to: Person Establishing Account	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	Account Owner	<input type="checkbox"/> (1) <input type="checkbox"/> (2)
<input type="checkbox"/> Early Saver	<input type="checkbox"/>	Issue card to: Person Establishing Account	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	Account Owner	<input type="checkbox"/> (1) <input type="checkbox"/> (2)
<input type="checkbox"/> Savings Account	<input type="checkbox"/>	Issue card to: Person Establishing Account	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	Account Owner	<input type="checkbox"/> (1) <input type="checkbox"/> (2)
<input type="checkbox"/> Checking Account	<input type="checkbox"/>	Issue card to: Person Establishing Account	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	Account Owner	<input type="checkbox"/> (1) <input type="checkbox"/> (2)
<input type="checkbox"/> Money Market Account	<input type="checkbox"/>	Issue card to: Person Establishing Account	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	Account Owner	<input type="checkbox"/> (1) <input type="checkbox"/> (2)
<input type="checkbox"/> CD Account					

Indicate information to be printed on checks (if applicable):

Account Name (1) Authorized Signer (2) Authorized Signer Other: _____

Address Phone

For Trust Accounts: Trust name and name of trustee(s) *(will appear on checks)*

For Guardian Accounts: [NAME OF WARD], in care of [GUARDIAN], Guardian *(will appear on checks)*

Choose check design: BECU Exclusive Design Other Design: _____

*Go to becu.org/orderchecks to view other design options and costs. *Money Market accounts have an exclusive design option at no charge.*

BECU Use Only	NEW ACCOUNT NUMBER(S)	DATE	REP
	<input type="checkbox"/> ID Verified <input type="checkbox"/> QualiFile® <input type="checkbox"/> Compliance Review _____ <input type="checkbox"/> Ward does not have signing power <input type="checkbox"/> Notes placed on account(s) <input type="checkbox"/> Restriction flags placed on account(s) <input type="checkbox"/> Blocked account lockout flag(s) placed		

7. Close Accounts

This request will:

(1) Cancel all ATM/Debit cards assigned to this account;

(2) Incur early withdraw fees for early CD account closures, as provided for in the Account Disclosure, and as indicated below;

(3) Cause all items presented for negotiation after the effective date of this request to be dishonored and returned "Account Closed"; and

(4) NOT cancel any payroll deductions, direct deposits and/or automatic withdrawals or debits associated with this account.

Deposit Accounts to be closed:

All Deposit Accounts Deposit Account(s): _____ Effective Date: _____ If a blocked account, reason for closure: _____

Dispense account balances as follows:

Transfer balances to BECU account: _____

Issue check payable to: _____ Mail balance to the following address: _____

CD penalty amount \$ _____ Net withdrawal \$ _____

List any outstanding checks

#	\$	#	\$	#	\$	#	\$	#	\$
#	\$	#	\$	#	\$	#	\$	#	\$

Indicate reason for closure

Competitor Rates Convenience Member Service Consolidate BECU Accounts Deceased Fraud / Compromise Relocating / Moving

Dissolved Organization Other (must specify reason): _____

8. Agreements and Signatures

By signing below, you, the person establishing the account, the primary member, account owner and each authorized signer, (collectively "You," "Your"), acknowledge and agree; (1) that the information provided is accurate, complete, and true and that You have instructed BECU as to the proper title of the account and we may rely on the information in our dealing with You, now and in the future; (2) that BECU may make inquiries necessary to evaluate Your applications and to conduct periodic reviews of Your BECU accounts, including ordering credit reports, and You instruct BECU to use this information in determining whether to notify You about other products and services; (3) to the terms and conditions contained in this and any previously executed Fiduciary Account Application; (4) that You have reviewed, and will retain for Your records the Account Disclosure and Membership and Account Agreement, including Our Privacy Statement, Funds Availability Policy, and Electronic Funds Transfer Disclosure, and by signing below You acknowledge their receipt and agree to their terms all as amended to date; (5) that issuance of each ATM and/or Debit Card or other access device selected in section 6 is specifically requested; (6) by providing Your email address, You agree that BECU may send marketing information regarding products and services to You electronically; (7) and that by selecting a Checking Account, You authorize BECU to debit the cost of the checks from the Checking Account at the time of check order; (8) that BECU and its service providers may contact You for non-marketing purposes at any telephone number You provide. BECU may use automated telephone dialing, text messaging systems, and electronic mail to contact You. The telephone messages are played by a machine automatically when the telephone is answered and may be recorded by Your answering machine. Standard data and message rates may apply and You agree that BECU will not be liable for such fees. You agree to update us promptly when Your telephone number changes. You may give us updates or revoke Your consent to such telephone or electronic communications at any time by contacting us at 800.233.2328 or other reasonable means.

By signing below, whether You are an officer, trustee, custodian, administrator, representative payee, guardian, or other entity separate from the account owner(s), You certify that You, by resolution, agreements, and/or applicable law, are authorized to request and cause the changes to be implemented, sign up for the additional products and services with BECU, and to take all other actions and steps reasonable or necessary to do so, and deliver any instruments, or agreements as necessary to BECU.

By signing below, You understand that if You choose to have access to Online Banking and Remote Services, You will have simultaneous access to Your personal accounts and the fiduciary account on which You are an authorized signer, and BECU shall have no liability for Your transactions resulting in commingling of funds. You understand that Guardianship, Blocked, UTMA, and Representative Payee Accounts are not accessible via shared branch, and account owners of such accounts shall have no access to shared branch services for any other accounts that they may own.

Taxpayer Identification Number Certification and Backup Withholding Information
 By signing below, I certify in accordance with the IRS W-9 instructions and under penalties of perjury that: 1. The number shown on this form is the correct taxpayer identification number for this account (or I am waiting for a number to be issued), and 2. The account owner is not subject to backup withholding because: (a) he, she, or it is exempt from backup withholding, or (b) has not been notified by the Internal Revenue Service (IRS) that he, she, or it is subject to backup withholding as result of a failure to report all interest or dividends, or (c) the IRS has notified the account owner that he, she or it is no longer subject to backup withholding, and 3. The account owner is a U.S. person (including a U.S. resident alien).
Certification Instructions. Cross out item 2 above if the account owner has been notified by the IRS that he, she or it is currently subject to backup withholding because he, she, or it has failed to report all interest and dividends on necessary tax returns. Cross out item 3 and complete a W-8 BEN if the account owner is not a U.S. person.
The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

AUTHORIZED SIGNER / PERSON ESTABLISHING ACCOUNT SIGNATURE	TITLE	DATE
AUTHORIZED SIGNER SIGNATURE	TITLE	DATE
AUTHORIZED SIGNER SIGNATURE	TITLE	DATE
AUTHORIZED SIGNER SIGNATURE	TITLE	DATE

If form is not submitted electronically, please return completed and signed form to:
 BECU, M/S 1094-2 PO Box 97050 Seattle, WA 98124-9750