

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 206.439.5700, or outside Seattle 1.800.233.2328.

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													
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													
HOME PHONE	WORK PHONE	CELLULAR 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 #	ID TYPE	DATE ISSUED	EXPIRATION DATE	STATE&COUNTRY ISSUED										
MEMBER ELIGIBILITY															

2. Account Type

- UTMA** - Established by custodian for the minor, named as the Primary Member, under the Washington Uniform Transfer to Minor Act.
- Club/Association Account** - Please provide copy of formation documents.
- Benevolent Account** - Established by Administrator and owned by the beneficiary.
- Estate Account** - Established by Personal Representative or Executor of Estate.
 - Employer Identification Number (EIN)
 - Death Certificate
 - Letters of Testamentary
- Revocable Living Trust Account** - Established by Trustee.
 - Certification of Trust
- Irrevocable Trust Account** - Established by Trustee.
 - Certification of Trust
- Representative Payee Account** - Established by Representative Payee and owned by Social Security Administration's benefit recipient.
 - Social Security Administration documents
- Guardianship Account** - Established by Guardian and owned by the Ward.
 - Letters of Guardianship
 - Court Order Appointing Guardian
 - BECU form of Guardian Instructions & Affidavit
 - Does the Court Order instruct account funds to be blocked?
 - No Yes, collect blocked account required documents below.
- Blocked Account** - Established pursuant to court order.
 - Must provide court order documents indicating the blocked requirement.
 - 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).

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	COUNTRY
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	COUNTRY

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	COUNTRY
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	COUNTRY

6. Products & Services

Choose all that apply:	ATM Card	Debit Card		Not allowed for Wards or Blocked Accts
<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"/>	<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 www.becu.org/orderchecks to view other design options and costs.
 *Money Market accounts have an exclusive design option at no charge.

For 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 of any outstanding checks

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

Indicate reason for closure
 Competition Rates Inconvenient Access Channels Member Service Products and Service Selection Fees
 Fraud /Compromise Other: _____

8. Agreements and Signatures

By signing below, you, the person establishing the account, the primary member, account owner and each authorized signer, (collectively "You"), 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 receive information about your credit history and performance from others, including credit reporting agencies; (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; (5) that issuance of each ATM and/or Debit Card or other access device selected in section 7 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.

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, court order or otherwise, duly adopted in accordance with Your charter, bylaws, trust, court orders, IRS directives 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. Any action hereto taken by You is hereby ratified and confirmed by the account owner. Unless or until BECU is given written notice otherwise, any one of the undersigned shall have full power and authority to act on Your behalf. It shall not be necessary for BECU to inquire further into Your powers or powers of Your officers, directors, partners, managers, members, or agents purporting to act on Your behalf.

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