



DCU/Custodial, Totten and Fiduciary Account Membership Application Checklist

Please use the DCU/Custodial, Totten and Fiduciary Account Membership Application to open a:

- Custodial Account (Under “Uniform Transfers to Minors Act”)
- Totten Account
- Fiduciary Accounts
 - Estate
 - Guardianship
 - Representative Payee
 - Landlord/Tenant Escrow

To speed up the processing of your application, please follow these steps:

1. Fill out the application completely and sign it. **Incomplete or unsigned applications will be returned.**
2. Include copies of all required documentation (see below).
 - **Custodial Account** – Custodian must provide Required Identification unless already a DCU Member, and a copy of the minors Social Security card.
 - **Totten Account** - Trustee(s) must provide Required Identification unless already a DCU Member(s)
 - **Fiduciary Account** – Fiduciary must provide Required Identification unless already a DCU Member.
 - **Estate**
 - Attach Death Certificate
 - Taxpayer Identification Number Required
 - Attach court documentation appointing the individual opening the account as executor or administrator of the estate.
 - **Guardian**
 - Attach Guardianship Documents
 - Social Security Number Required
 - **Representative Payee**
 - Attach SSA Documentation
 - Social Security Number Required
 - **Landlord/Tenant Escrow**
 - Attach W-9 completed BY TENANT (www.irs.gov)
 - Social Security Number Required

1. Mail your completed application with a check or money order for your initial deposit payable to Digital Federal Credit Union to:

Digital Federal Credit Union
Account Services Department
220 Donald Lynch Boulevard, PO Box 9130
Marlborough, MA 01752-9130

What you can expect

Once you mail in your application.....

- Allow 2 weeks for your request to be processed.
- Allow 2 additional weeks to receive a Truth-in-Savings Disclosure, and an Electronic Services Disclosure and Agreement. These disclosures are also available online from our website at www.dcu.org and in our branches.



BANKING – THE DCU WAY

Digital Federal Credit Union • 220 Donald Lynch Blvd • PO Box 9130 • Marlborough, MA 01752-9130
508.263.6700 • 800.328.8797 • dcu.org • dcu@dcu.org

Member Number (assigned by DCU) _____

Custodial, Totten & Fiduciary Account Application

I. CUSTODIAN, TRUST, OR FIDUCIARY INFORMATION

(If already a member provide DCU Member Number here # _____ and continue to **Section II**. If not already a Member complete this section and provide the Required Identification as defined on the reverse.)

☐ I work for; work, live or worship in; or belong to (company, community or organization/association) _____

☐ I am an immediate family member of: (Their Name _____ Their Member # _____)

Legal Name _____ SSN _____ - _____ - _____ DOB ____/____/____ Phone (____) _____

Residential Address _____ Apt # _____ City/State/ZIP _____

Mailing (if different) _____ Apt # _____ City/State/ZIP _____

II. ACCOUNT TYPE

☐ **CUSTODIAL ACCOUNT** (Under "Uniform Transfers to Minors Act")

Minor's Name _____ DOB ____/____/____

Minor's SSN (for reporting purposes) _____ **See Section IV** _____

Designation of Successor Custodian: If I, the current Custodian, should die, resign, become in capacitated or become otherwise unable to act as Custodian, I designate (please print name) _____, whose address is _____ as Successor Custodian on this Account.

☐ **TOTTEN ACCOUNT**

Trustee's SSN (for reporting purposes) _____ **See Section IV** _____

Co-Trustee Information (if applicable)

Legal Name _____ SSN _____ - _____ - _____ DOB ____/____/____ Phone (____) _____

Residential Address _____ Apt # _____ City/State/ZIP _____

Beneficiary Information:

Legal Name _____ SSN _____ - _____ - _____ DOB ____/____/____ Phone (____) _____

Residential Address _____ Apt # _____ City/State/ZIP _____

Relationship to Trustee _____

Legal Name _____ SSN _____ - _____ - _____ DOB ____/____/____ Phone (____) _____

Residential Address _____ Apt # _____ City/State/ZIP _____

Relationship to Trustee _____

☐ **FIDUCIARY ACCOUNT** (Account will not be opened without supporting documentation)

NOTE: In all cases Social Security # MUST be entered in Section IV except for Estate Accounts in which case Taxpayer ID # is entered.

If this is a/an:	Estate Account	Attach: Death Certificate, Executor/Administrator Documentation
	Guardian/Conservator Account	Guardianship/Conservatorship Documentation
	Representative Payee Account	Social Security Administration Documentation
	Landlord/Tenant Escrow Account	IRS W9 Form COMPLETED BY TENANT

Account Title _____

Check One: ☐ Account NOT Blocked ☐ Account BLOCKED (I understand I may not withdraw ANY amount except under court order, a copy of which must be provided at time of transaction)

NOTE: If left unchecked, the account will NOT be blocked and DCU will in no way be held liable for any resulting activity.

III. ACCOUNT SERVICES (check all that apply)

- ☒ **Primary Savings Account** (please include no less than \$5 with this application – required to open and maintain Membership)
- ☒ **Personal Identification Number (PIN)** for Electronic Service usage. (I understand this will be generated and mailed address provided in Section I)
- ☒ **Electronic Accessibility** via PC Branch and Easy Touch Telephone Teller

I understand I will be receiving Electronic Statements for all my accounts, notification of which will be sent to the email address above, unless I check here. ☐

- ☐ Checking *
- ☐ Money Market (\$1000 minimum to earn dividends)
- ☐ Member Described (Title _____)
- ☐ Debit/ATM Card *

*Not available on BLOCKED Fiduciary

IV. AGREEMENT/TAXPAYER ID NUMBER (TIN) CERTIFICATION AND BACKUP WITHHOLDING

Agreement: I certify that I am within the field of membership as noted in Section I. Signing below and/or use of my PIN constitutes an agreement to conform to the terms and conditions of the *TIS Disclosure and Account Agreements*, the *Electronic Services Disclosure and Agreements*, and the *Schedule of Fees and Service Charges* all of which are incorporated by this reference, whether applicable to products and services I am currently requesting or those I request in the future. Easy Touch Telephone Teller and PC Branch will be immediately accessible. I may obtain a copy of any of these disclosures at any branch office, online at www.dcu.org, or through your Information Center. These disclosures (as applicable) will be delivered to me once my membership has been opened. I authorize you to gather and exchange whatever credit, checking account and employment information you consider appropriate from time to time and understand you may make credit or other decisions based in part on this information.

Taxpayer Identification Number (TIN) - Enter your TIN in the box below. For individuals, this is your Social Security Number (SSN). However, if you are a resident alien and do not have and are not eligible to get a SSN, your TIN is your IRS individual taxpayer identification number (ITIN). *If the account is in more than one name, see the chart in the TIS Disclosure for guidelines on what number to enter. Typically this will be the Prime Owner's SSN.*

TIN/SSN Box:

Payee exempt from Backup Withholding: See Part III Instructions in the TIS Disclosure

Certification - Under penalties of perjury, I certify that: (1) The information on this form is true, correct, and complete and if proven otherwise you may demand payment in full on any debt I have outstanding with you or revoke any services I use, and (2) The number shown on this form is my correct taxpayer identification number, and (3) I am not subject to backup withholding because: (a) I am exempt from backup withholding and have completed and delivered to you the appropriate exemption form, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. I agree to cross out number 3 just previous if I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, and (4) I am a U.S. person (including a U.S. resident alien). **The IRS does not require me to consent to any of the provisions of this document other than the certification required to avoid backup withholding.**

Signature and Certification of Custodian, Trustee, or Fiduciary _____ Date _____

Signature of Co-Trustee (if applicable) _____ Date _____

IMPORTANT INFORMATION: We are required by federal law to obtain, verify, and record information that identifies each person opening or having access to a DCU Account. We will ask for your legal name, residential address, Social Security Number (SSN) or individual Taxpayer Identification Number (ITIN), Phone Number, and Date of Birth.

REQUIRED IDENTIFICATION: No competent adult individual can be named on this account in any capacity without having the following current identification, one which must include a picture and one of which must reflect the individual's current residential address as given. If one of those forms of identification includes **both** you need only submit that one: US Driver's license • US Social Security Card • Passport • US Military ID • US Work Visa • Other Government issued picture ID (2nd ID always required). DCU reserves the right to request additional identification. **If you are already a DCU Member, you are not required to provide the REQUIRED IDENTIFICATION, but you must provide your DCU Member # in Section I.**

INTERNAL USE ONLY

Received _____ / _____ / _____ Processed By (#) _____ X-Ref # _____ Audited By (#) _____

Custodian, Trustee or Fiduciary ID Type _____ # _____ Exp ____/____/____ Addt'l Doc _____

Co-Trustee (if applicable) ID Type _____ # _____ Exp ____/____/____ Addt'l Doc _____

