

## FIDUCIARY ACCOUNT SIGNATURE CARD INSTRUCTIONS

### **Important requirements:**

In order to process your application, you must provide one piece of acceptable documentation to verify the identity of all fiduciaries.

### **Acceptable documents include:**

- An unexpired driver's license, with photo, issued by a state within the United States
- An unexpired non-driver photo identification, issued by a state within the United States
- An unexpired U.S. passport
- An unexpired foreign passport, with photo, that evidences country of issuance, nationality and U.S. residency Visa
- Any unexpired, foreign government-issued form of identification, with photo, evidencing nationality and residence
- United States Armed Forces military identification
- Any unexpired, U.S. government-issued form of identification, with photo, evidencing nationality and residence

*Please note that additional documentation will be required depending on the type of account being opened.*

**If you have any questions regarding the identification requirements, required documentation or this application, please call us at 800-628-7070.**

- SECTION #1** Check the appropriate box to indicate if you are filling out this application to open a new account, or to update existing information. Changes supersede all previous designations. Please indicate the type of fiduciary account being established.
- SECTION #2** Check the box(es) for the type of product(s) and optional services that you are opening or updating. For a new account, leave the "Account Number" spaces blank. The account number(s) will be completed by Bethpage. If this is a change to an existing account, please enter your account number(s). You may use the same form for more than one account as long as the owner listed in Section #3 and the fiduciary(ies) listed in Section #4 are identical for each account selected. For Certificate terms, please refer to our current rate sheet, or visit [lovebethpage.com](http://lovebethpage.com).
- SECTION #3** Please fill out the trust, ward, estate, or beneficiary information, depending on the type of fiduciary account being opened or updated.
- SECTION #4** Each fiduciary on the account needs to fill out the appropriate information as listed. Under "Identification Type," list the Identification No. and Place of Issuance from one of the acceptable forms of identification indicated in the box at the top of this instruction page.
- SECTION #5** Each fiduciary listed in lines 4a, 4b, 4c and 4d needs to read the affirmation and sign in the appropriate boxes.
- SECTION #6** Do not write in this section. This is for internal use only.

## FIDUCIARY ACCOUNT SIGNATURE CARD

### 1 ACCOUNT DESIGNATION.

Please indicate if this is a  New account or a  Change to an existing Fiduciary Account \*  
\*This change supersedes all previous designations.

#### ACCOUNT TYPE.

<input type="checkbox"/> Estate Account	<input type="checkbox"/> Trust Account	<input type="checkbox"/> Guardianship Account	<input type="checkbox"/> Representative Payee/ VA Fiduciary Account	<input type="checkbox"/> Burial/Funeral Trust Account
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### 2 PRODUCT TYPE AND OPTIONAL SERVICES.

Please indicate the type of account that you are opening or updating, pursuant to your fiduciary obligation. Check all that apply.

<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Money Market	<input type="checkbox"/> Certificate
<input type="checkbox"/> ATM Card	<input type="checkbox"/> Debit Card <input type="checkbox"/> Checks	<input type="checkbox"/> Checks	<input type="checkbox"/> Term: _____ Months

#### ACCOUNT NUMBER(S).

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### 3 ACCOUNT OWNER INFORMATION.

Estate, Trust, Ward, or Beneficiary Name:			Social Security/Tax ID No.	
Home Street Address	City	State	Zip Code	Date of Birth/Date Established
Are you aware of being on a government watch list? (i.e. PEP or OFAC) <input type="checkbox"/> No <input type="checkbox"/> Yes Details:				

### 4a FIDUCIARY INFORMATION.

Last Name	First Name	M.I.	Occupation	Social Security/Tax ID No.
Home Street Address	City	State	Zip Code	Email Address
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Other ID	Expiration Date	Landline Phone No.	Wireless Phone No.	Work Phone No.
Identification No. and Place of Issuance:				<input type="checkbox"/> Landline <input type="checkbox"/> Wireless
Are you aware of being on a government watch list? (i.e. PEP or OFAC) <input type="checkbox"/> No <input type="checkbox"/> Yes Details:				

### 4b

Last Name	First Name	M.I.	Occupation	Social Security/Tax ID No.
Home Street Address	City	State	Zip Code	Email Address
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Other ID	Expiration Date	Landline Phone No.	Wireless Phone No.	Work Phone No.
Identification No. and Place of Issuance:				<input type="checkbox"/> Landline <input type="checkbox"/> Wireless
Are you aware of being on a government watch list? (i.e. PEP or OFAC) <input type="checkbox"/> No <input type="checkbox"/> Yes Details:				

4c

Last Name		First Name		M.I.	Occupation		Social Security / Tax ID No.
Home Street Address			City	State	Zip Code	Email Address	Date of Birth
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Other ID		Expiration Date	Landline Phone No.		Wireless Phone No.		Work Phone No.
Identification No. and Place of Issuance:							<input type="checkbox"/> Landline <input type="checkbox"/> Wireless
Are you aware of being on a government watch list? (i.e. PEP or OFAC) <input type="checkbox"/> No <input type="checkbox"/> Yes Details:							

4d

Last Name		First Name		M.I.	Occupation		Social Security / Tax ID No.
Home Street Address			City	State	Zip Code	Email Address	Date of Birth
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Other ID		Expiration Date	Landline Phone No.		Wireless Phone No.		Work Phone No.
Identification No. and Place of Issuance:							<input type="checkbox"/> Landline <input type="checkbox"/> Wireless
Are you aware of being on a government watch list? (i.e. PEP or OFAC) <input type="checkbox"/> No <input type="checkbox"/> Yes Details:							

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**Agreement to Terms and Conditions**

By signing below, I/we acknowledge and agree that: (1) the information provided in this Bethpage Federal Credit Union ("Bethpage") Fiduciary Account Signature Card is true and correct to the best of my/our knowledge; (2) I am/we are applying for a Bethpage membership; (3) I/we have received Bethpage's Consumer Member Account Agreement, Bethpage's Fee Schedule, Bethpage's Consumer Member Privacy Notice and any additional required disclosures applicable to this/these Bethpage account(s); (4) I/we agree to be bound by all the terms and conditions applicable to this/these Bethpage account(s) and related services, including as each may be amended from time to time; (5) I/we authorize Bethpage to verify any information provided on this application, to inquire of references and other account relationships, and to obtain business and consumer reports from credit reporting agencies on me/us; (6) I/we authorize Bethpage to check my/our credit and employment history; (7) Bethpage may obtain a credit report on me/us and if the application is approved, Bethpage may also obtain additional consumer reports for all legitimate purposes in connection with updating, renewing, modifying, taking collection action on my/our Bethpage account(s) and to evaluate me/us for other Bethpage products and/or services; (8) I/we agree that Bethpage may report information about my/our Bethpage account(s) to credit bureaus and/or check verification systems and to answer questions or requests from others seeking credit experience about my/our Bethpage account(s); (9) if I/we choose to have access to Bethpage Online and Mobile Banking, I/we may have simultaneous access to my/our personal accounts and this/these Bethpage fiduciary account(s) on which I/we am/are an authorized signer, and Bethpage shall have no liability for any transactions resulting in the commingling of funds; and (10) I/we am/are not a foreign (non-US) government official or political officeholder, nor am/are I/we a close associate or family member of a foreign government official or political officeholder.

**By signing below, under penalty of perjury, I/we certify that: (1) the number on this form is the correct Taxpayer Identification Number for this account; and (2) the account owner is not subject to backup withholding because: (a) he/she/it is exempt from backup withholding, or (b) he/she/it has not been notified by the Internal Revenue Service (IRS) that he/she/it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the account that he/she/it is no longer subject to backup withholding; and (3) the account holder is a U.S. citizen or other U.S. person (including a U.S. resident alien), as defined in the IRS W-9 instructions.**

**The FATCA code is not applicable; Bethpage Federal Credit Union is not a foreign financial institution.**

**Certification Instructions:** You must cross out Item 2 if the account owner has been notified by the IRS that he/she/it is currently subject to backup withholding because he/she/it has failed to report all interest and dividends on tax return.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature of Fiduciary (4a)	Date
Signature of Fiduciary (4b)	Date
Signature of Fiduciary (4c)	Date
Signature of Fiduciary (4d)	Date

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**FOR INTERNAL USE ONLY.**

Account Number(s) Opened/Updated:		
Date:	Branch:	Representative: