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CUSTODIAL ACCOUNT FORM

To be used with the Membership Application

Account Information

Account Owner(Minor Name): _____

Social Security Number: _____

Uniform Transfers to Minors Account

Uniform Transfers to Minors Act (UTMA) I, the undersigned, herewith make application for the establishment of a Custodian's Account of the name of:

_____ as custodian for: _____
Name of Custodian/Donor (only one) *Name of Minor (only one)*

who is _____ years of age, under the Uniform Transfers to Minors Act

(UTMA), and I request that evidence thereof be issued, described as aforesaid. The terms of this contract are deemed hereby to include the provisions of said statute as it is now or hereafter may be amended. I hereby acknowledge receipt of such account in my name as Custodian for said minor under the UTMA and I understand and agree that I am bound thereby. The SB1 FCU is authorized to supply any endorsement for me on any check or other instrument tendered for this account and is hereby relieved of any liability in connection with the collection of such items which are handled by it and shall not be liable for the act of its agents, subagents or others, or for any casualty.

Designation of Successor Custodian (optional). In the event of my resignation, death or legal incapacity, I designate:

_____ as successor custodian, such
(Print name of successor custodian)
appointment to take effect upon the occurrence of such event.

Uniform Transfers to Minors Account. A Uniform Transfers to Minors Account (UTMA) is an individual account created by a custodian who deposits funds as an irrevocable gift to a minor. The minor to whom the gift is made is the beneficiary of the custodial property in the account. The custodian has possession and control of the account for the exclusive right and benefit of the minor and barring a court order otherwise, is the only party entitled to make deposits, withdrawals, or close the account. We have no duty to inquire about the use or purpose of any transaction. If the custodian dies, we may suspend the account, until we receive instructions from the person authorized by law to withdraw funds or a court order authorizing withdrawal.

I agree that the information on this form, along with the Membership application, is accurate and that they are subject to all terms and conditions of membership in the SB1 Federal Credit Union.

Authorization & Agreement

(custodian's signature) (date)

Federally insured by NCUA

Your savings federally insured to at least \$250,000
and backed by the full faith and credit of the United States Government



National Credit Union Administration, a U.S. Government Agency

Office Use Only: Date: _____ Processed by: _____