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**TRUST MEMBERSHIP ADDENDUM**

**Addendum to Member Number:** \_\_\_\_\_

Sb1 Federal Credit Union is requested to establish one or more accounts for a trust. The following information is provided solely to make it possible to document the establishment and nature of the account(s):

**Name of Trust:** \_\_\_\_\_ **Date Established:** \_\_\_\_\_

**Type:**  Revocable, or,  Irrevocable

**Name(s) of Trustee(s):** \_\_\_\_\_

\_\_\_\_\_

**Beneficiary(ies):** \_\_\_\_\_

\_\_\_\_\_

**Number of Trustees Authorized to Act:** Check one where appropriate.

Each Trustee is authorized to act independently in order to transact business involving the account.

All Trustees must act in concert in order to transact business involving the account.

**Tax Identification Number (TIN) to be used:** \_\_\_\_\_

**Mailing Address of Trustee(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Voting Designation:** I/We designate the trustee named below to vote at all credit union elections.

\_\_\_\_\_

**Hold Harmless:** The Trustee(s) agree(s) on behalf of the trust and its beneficiaries to hold Credit Union harmless from any loss incurred by the trust or its beneficiaries resulting from Credit Union's good faith reliance on any of the information in this memorandum or upon any instructions regarding the account received by the Credit Union from the Trustee(s).

**Certification of Trustee(s):** The undersigned is/are the trustee(s) of the trust named above. I/we am/are authorized to open an account of the type referred to above and certify that all of the information provided is true and correct.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Trustee

\_\_\_\_\_

Trustee

\_\_\_\_\_

Trustee

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