



Custodial Membership Application

1. Complete and mail application.
2. In accordance with the USA PATRIOT Act, we require you, the Custodian to include one form of government issued photo identification such as a Driver's License. Please note if the address shown on the ID does not match your current address, we will require additional identification in the form of a residential utility bill.
3. Include a copy of the Custodial Minor's birth certificate.
4. Include a check or money order for at least \$5 to open a Custodial Membership (savings) account.

Return completed application, copies of identification and check or money order to: **IBM Southeast EFCU, P.O. Box 5090, Boca Raton, FL 33431-0890**

Contact us at 800.873.5100, 561.982.4700 or serviceplus@ibmsecu.org for assistance.

- | | | |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Add New Custodial Account | <input type="checkbox"/> Change Custodian | <input type="checkbox"/> Remove Custodial Status |
| <input type="checkbox"/> Change Existing Account to Custodial | <input type="checkbox"/> Former Custodian must complete new custodial application to remove their custodianship | <input type="checkbox"/> Once they are of legal age, the Former Custodial Minor must complete a new Membership/Loan application and provide identification to remove custodial status |
| | <input type="checkbox"/> New Custodian must complete new custodial application and provide identification to add their new custodianship | |

- | | | |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Custodial Membership
(savings account required with \$5 minimum deposit) | <input type="checkbox"/> Education IRA
(\$100 minimum deposit) | <input type="checkbox"/> Certificate
(\$1,000 minimum deposit) |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|

PLEASE PRINT

CUSTODIAL MINOR		CUSTODIAL MINOR MEMBER # (IF APPLICABLE)		
SOCIAL SECURITY #	NAME FIRST	M.I.	LAST	RELATIONSHIP TO CUSTODIAN
ADDRESS	CITY		STATE	ZIP CODE
HOME PHONE	DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		

PLEASE PRINT

		CUSTODIAN MEMBER # (REQUIRED)		
SOCIAL SECURITY #	NAME FIRST	M.I.	LAST	RESIDENTIAL ADDRESS REQUIRED (NO POST OFFICE BOXES)
CITY	STATE	ZIP CODE	MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY
BUSINESS PHONE	EXT#	HOME PHONE	E-MAIL ADDRESS	DATE OF BIRTH
NAME OF QUALIFYING EMPLOYER/ORGANIZATION OR FAMILY/HOUSEHOLD MEMBER		PASSWORD (for security purposes)*	DRIVERS LICENSE #	STATE
EMPLOYER	DATE HIRED	GROSS MONTHLY INCOME \$	OTHER INCOME \$	HOUSING COST: \$/mo.
TIME AT RESIDENCE (YRS./MOS.)	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	NEAREST RELATIVE'S NAME (NOT LIVING WITH YOU)	PHONE	ADDRESS
			RELATIONSHIP	

*Password required for identification purposes; example favorite sports team, pet name, etc. (Note, this is not your online password/PIN)

The above information is given for the purpose of establishing a Custodial Membership. By signing, I certify under penalties of perjury that I am within the field of Membership of this Credit Union; the information on this application is true and correct; and my signature on this application applies to all accounts under my name at this Credit Union. This signature allows the Credit Union to use a facsimile signature on this and future applications. Using my Membership Number and Personal Identification Number (PIN) to access Telephone Banking and/or Online Banking will also be considered my authorized signature, to process certain transactions and account maintenance, including additional account openings. I also agree to be bound to the terms and conditions of any account that I have in the Credit Union now or in the future. I authorize the Credit Union to obtain information from any source concerning statements made herein. If this application is accepted, I promise to pay all charges incurred and agree to be bound by the terms and conditions of the applicable Membership disclosures that I have received and retained. For full details on rates, terms, fees and conditions, I will refer to a current Share Account Rate Sheet and Membership Disclosure. By signing below, I agree to receive information on Credit Union and non-affiliated third party products, services and special offers at the email and/or mailing addresses I've listed above. Your address(es) will not be shared with other outside services and you may opt out of this service at any time. In accordance with Reg. V. and the F.A.C.T. Act we may provide negative information about you regarding an insolvency, negative balance, NSF history, or default on your accounts to be included in your credit report and financial records.

By signing, I certify under penalties of perjury that the Taxpayer Identification Number (TIN) shown on this form is my correct TIN and I am a U.S. person or resident alien and I am not subject to backup withholding because (a) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interests or dividends or (b) the IRS has notified me that I am no longer subject to backup withholding. The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

The Custodian agrees that this account and all transactions shall strictly be used for the benefit of the Minor. The Custodian further agrees to accept all responsibilities under the Uniform Transfers to Minors Act (UTMA) and any governing State and Federal Laws. The Custodian also agrees that the Credit Union shall be held harmless and exempt from any and all liabilities. The Custodian is hereby notified that the Minor may obtain access to this account at the age of their majority without prior consent of the Custodian.

Identification must be presented at time of application.

SIGNATURE OF CUSTODIAN	DATE
------------------------	------

FOR CREDIT UNION USE ONLY

Staff OP# _____	Verifier OP# _____	MICR # _____	Custodian # _____	Acct. Type _____	ChexSystems SS# issue date: Custodian _____
Custodial Minor _____	ChexSystems Record Custodian _____	Forms of identification viewed for: Custodian _____	Custodial Minor _____	ChexSystems Record Custodian Minor _____	
VR <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	KHB <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	eStatements <input type="checkbox"/> Y <input type="checkbox"/> N			
Date Opened _____	<input type="checkbox"/> In Person	<input type="checkbox"/> By Mail	<input type="checkbox"/> Online Banking		
<input type="checkbox"/> Acct. Type Minor	<input type="checkbox"/> Title FBO	<input type="checkbox"/> Special Group 6	<input type="checkbox"/> Assoc. Code 10	<input type="checkbox"/> Flag 23	<input type="checkbox"/> Flash Mesg.