

Trust Account Application and Agreement and Indemnity Clause for Depository Authorization

Date: _____ Trust Account #: _____ Employer Identification # (EIN)†: _____

or

Member # (Convert Existing Account†): _____ Social Security # (SSN): _____

† If a Trust has an EIN, the existing Membership may not be converted, a new Member Number must be opened.

Type of Account (Check one): Additional Account Converted Account† Revocable Trust*

* Please note: The Credit Union does not accept Irrevocable Trusts.

Transfer Existing Account(s) to Trust: # _____, # _____, # _____

Trust Name: _____
(Full Legal Name)

Address: _____
(Street Address)

(City)

(State)

(Zip Code)

Mailing Address: _____
(If Different From Above) (Post Office Box or Street Address)

(City)

(State)

(Zip Code)

Phone: _____ Fax: _____ Email: _____ Security Password: _____

Additional Document(s) Required: Trust Agreement Notarized by Trustee(s)/Settlor(s) Addendum of Trusteeship

(Check all that Apply, and Attach to this form)

Dated _____ (First & Last Pages of Trust)

Dated _____

Attorney of Record: Name: _____ Phone # _____
(If Available)

Address: _____

Account Type(s): Savings: _____ Checking: _____ Money Market: _____

(Check all that Apply,

and list "S" or "I" Type)

Certificate: _____ Other: _____

Grantor of Trust: _____ Under Trust Dated: _____

Trustee(s) / Settlor(s): _____
(Please Print) *The undersigned hereby certifies under penalty of perjury that the information given in this document is true and correct.*

1] Name of Trustee/Settlor	Signature	Social Security #	Date of Birth	Phone #
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Address: _____

Phone: _____ Fax: _____ Email: _____

2] Name of Trustee/Settlor	Signature	Social Security #	Date of Birth	Phone #
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Address: _____

Phone: _____ Fax: _____ Email: _____

Trust Account Agreement and Indemnity Clause for Depository Authorization

(Continued from page one)

The undersigned Depositors have requested IBM Southeast Employees' Federal Credit Union to establish one or more account(s). In consideration of IBM Southeast Employees' Federal Credit Union agreeing to establish such account(s), each is to be titled as:

Trust Name: _____
(Full Legal Name)

IBM Southeast Employees Federal Credit Union is the designated depository for the funds of this Trust, and as such: it is agreed that IBM Southeast EFCU shall have no responsibility for determining whether a Trustee/Settlor has been duly appointed and qualified to act in that capacity, nor whether any transaction by a Trustee/Settlor involving this account is in accordance with or authorized by applicable law or the Trust Agreement. IBM Southeast EFCU shall not be obliged to inquire into the validity or propriety of any instrument executed or instructions given by the Trustee/Settlor, and shall not be bound to see to the application by the Trustee/Settlor of any money or other property delivered to the Trustee/Settlor. Depositors agree that in the case of multiple Trustees/Settlors, any and all transactions and account maintenance may be made by any one of the individuals acting as Trustee/Settlor. Depositors agree to comply with and have executed such documentation as IBM Southeast EFCU may from time to time request with respect to the operation and maintenance of this Trust account.

Depositors agree that IBM Southeast EFCU shall at no time be held liable for the payment of distribution of funds, in reliance on the direction of a Trustee/Settlor or Successor Trustee. Depositors agree to Hold Harmless and Indemnify IBM Southeast EFCU from any and all claims or losses, including attorneys fees and costs, that may arise out of any transaction in connection with the operation or maintenance of this account, or arising directly or indirectly from any negligent or improper conduct on the part of the Trustee/Settlor, Successor Trustee, Depositor, or their employees, agents, or representatives.

This Agreement will remain in effect until and unless express written notice of rescission or modification is received and recorded by IBM Southeast EFCU. Any and all Resolutions duly adopted by this Trust and certified to IBM Southeast EFCU as governing the operation of this Trust, are in full force and effect, unless revoked, supplemented or modified by this authorization. This Trust agrees to the terms and conditions of any Trustee(s)/Settlor(s) of the Trust, and authorizes IBM Southeast EFCU to charge the Trust for all checks, drafts, and orders for payment of money which are drawn on IBM Southeast EFCU, regardless of by whom or by what means the facsimile signature(s), if any, may have been affixed, as long as they resemble the signatures above (or those updated and filed with IBM Southeast EFCU from time to time). Should the Trust be changed or restructured in any way, the Trust is obliged to notify IBM Southeast EFCU promptly. In the event that the Trust is changed in any way without notification to IBM Southeast EFCU, this Trust shall remain fully liable in accordance with the terms of this authorization and all or any account agreements.

By signing, the Trustee(s)/Settlor(s) certify under penalty of perjury that (1) the Employer Identification Numbers (EINs), or Social Security Numbers (SSN), shown on the first page of this two part application are true and correct, and (2) are not subject to backup withholding. In an effort to verify the identity of the Trustee(s)/Settlor(s) of this Trust, two types of identification have been provided for each of the Trust's representatives, one of which is a photo ID. I/We have received and retained a copy of the following Membership Account Disclosures: "Important Account Information for Our Members," "Membership Account Fees and Service Charges," and "NCUA - Your Insured Funds."

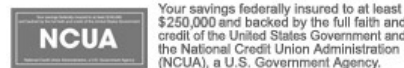
On this _____ Day of _____ in the Year of _____, in the presence of:

[1] Witness Name (Please Print)	[2] Witness Name (Please Print)	[1] Depositor Name (Please Print)	[2] Depositor Name (Please Print)
[1] Witness Signature	[2] Witness Signature	[1] Depositor Signature	[2] Depositor Signature

Before me, a Notary Public duly authorized in the County of _____ and State of _____, to take acknowledgments and administer oaths, personally appeared _____.

Notary Signature

Notary Seal



FOR CREDIT UNION USE ONLY				
Staff Op. #:	Verifier Op. #:	Trust Account #:	Account Type:	MICR #:
ChexSystems SS# Issue Date:		Trustee:	Trust:	
ChexSystems Record & ID:		Trustee:	Joint Trustee:	
Forms of Identification:	Trustee:		Joint Trustee:	
Checks Ordered: [] Y [] N [] N/A		Check Card(s): [] Y [] N [] N/A		Telepin Order(s) #:
Online Banking Password(s): [] Y [] N [] N/A		Telephone Banking PIN(s): [] Y [] N [] N/A		Membership Disclosure #A426: [] Y
Membership Fee Schedule #A435: [] Y		NCUA Insurance Brochure #A412: [] Y		Trust Account Application – Last Revised 03/10/2011