



Patent and Trademark Office Federal Credit Union

**APPLICATION AND AGREEMENT FOR AN
ACCOUNT(S) FOR A REVOCABLE LIVING TRUST**

Trust Information			
Account Number:			
Legal Name of Trust	The date the Trust was created	Tax-ID number/SSN	
Trustee(s)			
Trustee 1st Name (Last, First, M I):	Date of Birth	Social Security Number	
Home Address			
Mailing address (if different from physical Address)			
City		State	Zip
Home Phone	Business Phone	Email address	
ID state, type & number			
Trustee 1st Signature			
Trustee 2nd Name (Last, First, M I):	Date of Birth	Social Security Number	
Home Address			
Mailing address (if different from physical Address)			
City		State	Zip
Home Phone	Business Phone	Email address	
ID state, type & number			
Trustee 2nd Signature:			
Trustee 3rd Name (Last, First, M I):	Date of Birth	Social Security Number	
Home Address			
Mailing address (if different from physical Address)			
City		State	Zip
Home Phone	Business Phone	Email address	
ID state, type & number:			
Trustee 3rd Signature:			

**Account Agreement Addendum
for Assets Held in Trust**

This Trust is being established at the Patent and Trademark Office Credit Union (the "Credit Union"). In addition to the terms and conditions applicable to all Credit Union accounts, you agree to the following: You have signed up for an account as Trustee (s) on behalf of a trust's beneficiary(ies); you agree to provide a copy of the trust certification and signature pages to the Credit Union simultaneous with the opening of the Account. You understand that the Credit Union is not acting as a trustee and in no case shall be responsible for, or be subject to, any liability for any account transactions performed by you other than those imposed upon it by law for its lack of good faith or its failure to exercise ordinary care. The Trustee (s) agrees to inform PTOFCU of changes to the Revocable Trust Agreement immediately and will deliver a revised Declaration of Trust to PTOFCU. You represent to the Credit Union that either you or the beneficiary(ies), as required by law, is/are eligible for membership in the Credit Union when the Account is opened. The funds in the Account shall not be eligible for use as collateral for any loan either to you, the Trustee (s), or to the beneficiary unless the Trustee has been granted specific power to borrow on behalf of the Trust and to pledge or encumber the trusts' assets to secure such a loan by the Trust. Changes will not be effective for the Account (s) until PTOFCU receives the revised Declaration of Trust and acknowledges its receipt. Failure to inform PTOFCU about any changes may result in the Account being frozen until the necessary documentation is provided.

The Trustee (s) acknowledges that PTOFCU may terminate all accounts and, in its sole discretion, determine they are maintained in a manner deemed contrary to safe and sound financial practices. This may include, but is not limited to, fraudulent activities, misuse of funds, or failure to comply with the terms of this Agreement upon the death of the grantor or, if more than one grantor, upon the death of the last surviving grantor, the balance remaining in the Account (s) shall be distributed by PTOFCU under your instructions as the Trustee (s) or successor trustee(s). These accounts will not be maintained for more than four (4) years after the death of the last surviving Trustee. Deposits received in this Account will be subject to collection through normal banking channels, PTOFCU's hold policy, and by the laws of the Commonwealth of Virginia. All trustees are responsible for returned items.

PTOFCU is committed to transparency and may unilaterally amend this Agreement upon 30 days prior written notice.

You agree to indemnify and hold harmless the Credit Union for any claims or actions brought against it by the beneficiary(ies) or others in connection with its administration of this Account.

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code

INSTRUCTION TO SIGNER. If, you have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated. In that case, you must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

NO CHANGES, ADDITIONS, ERASURES, DELETIONS, OR CROSSING THROUGH THE PRINTED PORTION OF THIS AGREEMENT SHALL BE VALID OR BINDING ON PTOFCU.

The Credit Union is authorized to recognize the following signatures in payment of funds or transactions of any business for this Account:

_____	_____	_____
Trustee printed name	Trustee signature	Date
_____	_____	_____
Trustee printed name	Trustee signature	Date
_____	_____	_____
Trustee printed name	Trustee signature	Date



MODIFY OR REMOVE EXISTING TRUSTEE (S) APPLICATION

The undersigned Trustee(s) has applied for a Trust Account at the Patent and Trademark Office Federal Credit Union (PTOFCU). The Account is to be called the _____ Trust Account.

In support of that application, the undersigned Trustee(s) provides the following information and certifies it to be true:

The name of the Trust for which this Trust Account is being opened is _____

The date of the Trust is: _____

The Trust has been amended on the following dates: _____

The New Undersigned is/are the only Trustee(s) of the Trust.

The Trust designates the following as Successor Trustees:

The grantor(s) of the Trust is/are:

The Trust is revocable, and the attorney who drafted the Trust is: _____

The Federal Tax Identification Number of the Trust is: _____

The undersigned certify that I/we have the authority to open this Trust Account and bind the Trust. Consistent with the Trust Account Agreement terms for the Trust for which we apply.

The undersigned acknowledges receipt and review of all pertinent, relevant account agreements, forms and documents.

The undersigned jointly and severally indemnify and hold PTOFCU harmless from any liability related. In any way to the Trust Account as a result of acting upon instructions provided by the undersigned.

If the Trust is changed in any way, or if for any reason, new and Successor Trustee(s) are.

Designated or assumed trusteeship of the Trust, or if the composition of the Trustees changes, the undersigned will notify PTOFCU in writing of such facts. PTOFCU may rely upon the accuracy of all information on this document until written notice to the contrary is received by PTOFCU.

For any reason within the sole discretion of PTOFCU, the undersigned shall execute and provide unto PTOFCU any document which, in the sole judgment of PTOFCU, is necessary to effectuate the Trust Account Agreement and related documents and to administer the Trust Account.

Witness(es): _____

Trustee(s): _____

Date(s): _____