

Custodial Accounts Application



P.O. Box 13025
Baltimore, MD 21203-0325
secumd.org

Please complete the following information and return this form to SECU with a check or money order for \$10 or more. Please include a copy of the custodian's driver's license or state-issued photo ID and, if possible, a copy of the minor's Social Security card.

Child/Minor information											
Minor's Social Security No. (please print below)		<input type="checkbox"/> New <input type="checkbox"/> Revision									
<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>						Minor's Member No. (For SECU use only)					
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Minor's Last Name (please print below)		Minor's First Name	Minor's Middle Initial	Minor's Date of Birth							
Minor's Street Address											
City	State	Zip+4									
Name of eligible family member and relationship to minor											
<input type="checkbox"/> Please check if minor is a non-resident alien. If minor is a non-resident alien, a W-8BEN form needs to be completed.											
A minor applies for a Share Savings account with State Employees Credit Union of Md., Inc. (SECU) to be issued under the provisions of the "Maryland Uniform Transfers to Minors Act" and is subject to SECU's Charter and By-Laws, and to the rules, regulations and laws governing the credit union.											
Custodian/Member information (two may be named with equal rights)											
Custodian/Member's Social Security No. (please print below)		<input type="checkbox"/> New <input type="checkbox"/> Revision									
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Custodian's Last Name (please print below)		Custodian's First Name	Custodian's Middle Initial	Custodian's Date of Birth							
Custodian's Street Address											
City	State	Zip+4	E-mail Address								
Home Phone ()	Work Phone ()	Driver's License No. State	Issue Date Expiration Date								
Custodian/Member's Social Security No. (please print below)		<input type="checkbox"/> New <input type="checkbox"/> Revision									
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Custodian's Last Name (please print below)		Custodian's First Name	Custodian's Middle Initial	Custodian's Date of Birth							
Custodian's Street Address											
City	State	Zip+4	E-mail Address								
Home Phone ()	Work Phone ()	Driver's License No. State	Issue Date Expiration Date								
Successor Custodian's Name (all information required) Address											
Home Phone ()	Work Phone ()	Date of Birth	Social Security Number								
Tell us which accounts you would like to open		Certification and Agreement									
<input type="checkbox"/> Custodial Savings account _____ \$ <u>\$10 minimum</u>		All accounts opened under the minor's member number (i.e. Checking, Money Manager, Savings Certificate, etc.) will be titled as Custodian for the minor under the "Maryland Uniform Transfers to Minors Act." Each custodian shall have the full power and authority to act alone.									
<input type="checkbox"/> Money Manager account _____ \$ <u>\$2,000 minimum</u>											
<input type="checkbox"/> Advantage Money Market account _____ \$ <u>\$25,000 minimum</u>											
<input type="checkbox"/> Holiday Savings account _____ \$ <u>\$25 minimum</u>											
<input type="checkbox"/> Checking account _____ \$ <u>\$25 minimum</u>											
<input type="checkbox"/> Premier <input type="checkbox"/> Choice <input type="checkbox"/> Standard		By signing below, I certify that the information contained on both sides is true and correct and the reverse side is incorporated here in reference and made a part hereof signed and sealed the day below written.									
<input type="checkbox"/> Other _____											
Would you like to access your account through Online Banking?		<input checked="" type="checkbox"/> _____ (Seal) _____ Date									
<input type="checkbox"/> Online Banking PIN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input checked="" type="checkbox"/> _____ (Seal) _____ Date									

(Please read the Certification and Agreement on back before signing.)

Custodian(s): see reverse side.

Social Security Number:

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Minor's Last Name _____ First Name _____

Substitute W-9 – Certification

Under penalty of perjury, I/we, as custodian(s) for the minor named on this form, certify that: 1. The minor's Social Security number is the minor's correct Taxpayer Identification Number (TIN); and 2. The minor is not subject to backup withholding because: (a) the minor is exempt from backup withholding, or (b) The minor has not been notified by the Internal Revenue Service (IRS) that the minor is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the minor that the minor is no longer subject to backup withholding; and 3. The minor is a U.S. person (including a

U.S. resident alien).

Certification Instructions — You, the custodian(s), must cross out item 2 if the minor has been notified by the IRS that the minor is currently subject to backup withholding because of under-reporting interest or dividends on the minor's tax return.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Custodian/Member Agreement

I/we, custodian(s), do solemnly declare and affirm under penalty of perjury that the minor named here is related to the eligible member (in some cases the member and custodian(s) may be the same person) designated on reverse side and is a "member of the immediate family" as defined in SECU's by-laws.

By signing the other side of this form, I/we, the Custodian(s) agree to be bound by the by-laws of the credit union and by the terms and conditions of all agreements and disclosures applicable to my/our account, including Agreements and Disclosures for State Employees Credit Union of Maryland, Incorporated (SECU), that are incorporated herein by reference, that has been provided, and that may be amended from time to time. I/we expressly authorize SECU to check my/our credit, employment history and any other information and to report to others such information and credit experience with me/us, as more fully described in the Agreement.

I/we also understand that the use of an ATM Card, opened under the minor's member number, by anyone other than the custodian(s) is prohibited. By signing the other side of this form, I/we agree to be bound by the terms and conditions of all agreements and disclosures applicable to the account, including Agreements and Disclosures for SECU, that are incorporated herein by reference, that will be sent after the account is opened and that may be amended from time to time. I/we expressly authorize SECU to check my credit, employment history or any other information and to report to others such information and credit experience with me/us.

Check order request

Order your checks for Checking accounts. Select one:

- SECU single-copy checks —“Grey smoke”
- SECU duplicate-copy checks —“Topaz”
- Designer checks (cost varies) Designer/Style Name _____
Lettering (specify order code) _____

Additional Check Order Instructions (Please print clearly)

Order your checks for:

- Advantage Money Market account
- Money Manager account

Checks will be printed with Custodian(s) name and full street address unless otherwise at right.

FOR SECU USE ONLY

Person ID #	Branch Name	Date
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FOR BUSINESS DEVELOPMENT STAFF ONLY

Type of document obtained for identification	
Identification Number in document	Place of issuance
Date of issuance (if any)	Expiration date
Received: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/>	Initial Deposit Amount \$ _____
Chex Systems <input type="checkbox"/>	