

TRUST ACCOUNT PAPERWORK INSTRUCTIONS FOR MEMBERS

The following is to assist you while filling out a Certificate of Trust and Trust Application and Agreement. If you have any questions about what specific information should be entered, please consult your attorney. UNIFY cannot provide you with any legal advice.

CERTIFICATION OF TRUST (COT)

Section 1. Enter the name of the Trust as it appears on the Trust document.

1. TRUST NAME

Section 2. Enter the date the Trust was established, as shown on the Trust document. This is typically the date it was signed by all parties.

2. DATE OF TRUST

Section 3.

- For an Irrevocable Trust, enter the Employer Identification Number issued to the Trust by the IRS.
- For a Revocable Trust, enter either the Trustor's Social Security Number or the Employer Identification Number issued to the Trust by the IRS, if there is one. The Social Security Number used can be the Social Security number for any of the living Trustors.

3. TAX IDENTIFICATION NUMBER

Section 4. List all Trustor(s), even if they are deceased in which case write "deceased" next to their name. The Trustor is the person/people who established the Trust.

4. TRUSTOR(S) NAME(S)	
TRUSTOR	TRUSTOR (if applicable)
TRUSTOR (if applicable)	TRUSTOR (if applicable)

Section 5. List all current Trustee(s). This should include the person filling out the COT, plus all other current Trustee(s). *NOTE: If a person is deceased, she/he can no longer be a current Trustee. If all current Trustees are deceased or unable to act, the named successor Trustee becomes the current Trustee.

5. CURRENT TRUSTEE(S) NAME(S)	
TRUSTEE	TRUSTEE (if applicable)
TRUSTEE (if applicable)	TRUSTEE (if applicable)

Section 6. List the successor Trustee(s) in the order of succession. This would be the person/people who will be the next to act as Trustee should the current Trustee(s) pass away or become unable to act.

*NOTE: if a successor Trustee is now the current Trustee because the original Trustee is unable to act, then he/she should be listed as a current trustee, not a successor Trustee.

6. SUCCESSOR TRUSTEE(S) NAME(S): List in order of succession.	
FIRST SUCCESSOR TRUSTEE	SECOND SUCCESSOR TRUSTEE (if applicable)
THIRD SUCCESSOR TRUSTEE (if applicable)	FOURTH SUCCESSOR TRUSTEE (if applicable)

Section 7.

- For an Irrevocable Trust, the "IRREVOCABLE" box should be checked, and part B should be left blank. Since this is an irrevocable trust, no one has the power to revoke it.
- For a Revocable Trust, the "REVOCABLE" box should be checked, and part B should be filled out with the Trustor(s) who may revoke the Trust. Box 7B usually should have the same name(s) as those listed in Section 4.

7. REVOCABILITY	
<p>A. The trust is currently (select one option below):</p> <p><input type="checkbox"/> REVOCABLE—The trust can be amended or canceled at the time of completing this COT. If selected, please complete Section 7(B) to the right.</p> <p>OR</p> <p><input type="checkbox"/> IRREVOCABLE—The trust cannot be amended or canceled at the time of completing this COT. If selected, please skip Section 7(B) and continue to Section 8 below. An EIN must be assigned to the trust.</p>	<p>B. The power to revoke the trust is held by the Trustor(s) below:</p> <p>TRUSTOR _____</p> <p>TRUSTOR _____</p> <p>TRUSTOR _____</p> <p>TRUSTOR _____</p>

OR

Section 9 must be signed by **ALL** current trustees and notarized. If there are multiple trustees and they are not all able to sign at the same time, each one can sign and have the document notarized separately, then submit all documents together.

9. TRUSTEE(S) SIGNATURE(S) AND NOTARY ACKNOWLEDGMENT (include any attachments as necessary)	
I/We certify under penalties of perjury that the person(s) signing below are all of the current trustees of the trust.	
Dated this _____ day of _____, 20____	_____ Trustee
	_____ Trustee (if applicable)
	_____ Trustee (if applicable)
	_____ Trustee (if applicable)
ACKNOWLEDGMENT	
State of _____ ss.	
County of _____	
On _____ (date), before me _____ (printed name of Notary)	
personally appeared _____ (printed name(s) of Trustee(s) signing) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.	
I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.	
WITNESS my hand and official seal.	
Signature of Notary Public	Place Notary Seal Above

TRUST APPLICATION AND AGREEMENT (TAA)

Section 1. Check the appropriate box to indicate whether to add all shares or only specific shares into the trust account. If you only wish to add specific shares, check the “The following shares” box and list each share individually.

OR

1. SHARES TO BE PLACED IN TRUST ACCOUNT (CHECK ONE)	
<input type="checkbox"/>	All shares
<input type="checkbox"/>	The following shares: <input type="text"/>

Section 3. Enter the name of the trust and the date it was executed. The Trust name should match the name placed in section 1 of the Certification of Trust and the date should match section 2 of the Certification of Trust. For an Irrevocable trust, check the “IRREVOCABLE” box. For a Revocable trust, check the “REVOCABLE” box.

OR

3. TRUST INFORMATION	
The funds in trust for the above referenced accounts/shares are controlled by a trust document entitled	
<input type="text"/>	executed on <input type="text"/>
<small>(Name of the trust)</small>	<small>(Date)</small>
The trustee(s) on behalf of the trust and with the trustor(s) named herein agree to conform to UNIFY's bylaws, the terms and conditions of this Trust Application and Agreement, as well as the Membership Booklet (containing the Membership and Account Agreement, Funds Availability Policy, and Electronic Fund Transfers Agreement and Disclosure) and Truth in Savings Act Disclosure, receipt of which is hereby acknowledged, and which are incorporated herein by this reference.	
The trust referred to above is currently (select one option below):	
<input type="checkbox"/>	REVOCABLE—the trust <u>can</u> be amended or canceled at this time; <i>OR</i>
<input type="checkbox"/>	IRREVOCABLE—the trust <u>cannot</u> be amended or canceled at this time.
If the trust is revocable, one or more trustor(s) is/are eligible to be member(s) of UNIFY. If the trust is irrevocable, either the trustor or beneficiary must be eligible to be members of UNIFY or, in the case of multiple trustors or beneficiaries, all the trustors or all of the beneficiaries must be eligible to be members of UNIFY. All accounts opened in the name of the trust belong solely to the trust. No transfer or voting rights or other membership privilege is permitted by virtue of a transfer of shares. Accounts are not transferable. It is understood that the trust has no voting rights at any membership meeting, although the individual member/trustor(s) retain their personal voting rights if they retain individual membership at UNIFY.	
UNIFY HAS NOT RECEIVED A COPY OF THE TRUST, OR ANY PORTION THEREOF, AND SHALL NOT BE LIABLE UNDER ANY CIRCUMSTANCE FOR ITS CONTENTS. TRUSTEE(S) AND NOT UNIFY ASSUME FULL RESPONSIBILITY FOR COMPLYING WITH AND ENFORCING THE PROVISIONS OF THE TRUST.	

Section 4. Complete the information below for each Trustor(s). The Trustor(s) listed here must match the Trustor(s) listed in Section 4 of the COT. If a Trustor is deceased, write "deceased" after their name.

4. TRUSTOR(S) INFORMATION. <i>All trustors must be listed below. If a trustor is deceased, please write the word "deceased" in parentheses after the deceased trustor's name and provide UNIFY a certified copy of the deceased's death certificate.</i>			
TRUSTOR		TRUSTOR (if applicable)	
NAME (FIRST, MIDDLE, LAST)		NAME (FIRST, MIDDLE, LAST)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
OCCUPATION	EMAIL ADDRESS	OCCUPATION	EMAIL ADDRESS
DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE STATE	DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE STATE
DRIVER'S LICENSE ISSUE DATE	DRIVER'S LICENSE EXPIRATION DATE	DRIVER'S LICENSE ISSUE DATE	DRIVER'S LICENSE EXPIRATION DATE
MOTHER'S MAIDEN NAME	PHONE NUMBER	MOTHER'S MAIDEN NAME	PHONE NUMBER

Section 5. Complete the information below for each current Trustee(s). The Trustee(s) listed in section 5 must match the Trustee(s) listed in section 5 of the COT. If all current Trustees are also the Trustors, then simply check the box so the information does not have to be entered again.

5. CURRENT TRUSTEE(S) INFORMATION. <i>All current trustees must be listed below. If ALL trustees are the same as ALL trustors listed above in Section 4, you do not need to duplicate the information below. Instead, simply check this box <input type="checkbox"/></i>
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TRUSTEE NAME (FIRST, MIDDLE, LAST)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH
STREET ADDRESS	
CITY, STATE, ZIP CODE	
OCCUPATION	EMAIL ADDRESS
DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE STATE
DRIVER'S LICENSE ISSUE DATE	DRIVER'S LICENSE EXPIRATION DATE
MOTHER'S MAIDEN NAME	PHONE NUMBER

Section 6. Complete the information below for each successor Trustee. The successor Trustee(s) listed in section 5 must match the successor Trustee(s) listed in section 5 of the COT.

6. SUCCESSOR TRUSTEE(S) INFORMATION. *REQUIRED* All successor trustees must be listed below in the order of succession set forth in the trust. Trustee(s) affirm that successor trustee(s) is/are bound under the trust to serve and are authorized and fully qualified to act as trustee(s) in the event that all of the trustee(s) named above in Section 5 resign, die, become incapacitated, or otherwise become unable to act as trustee(s) of the trust. **THIS TRUST APPLICATION AND AGREEMENT WILL NOT BE APPROVED UNLESS SUCCESSOR TRUSTEE(S) ARE DESIGNATED BELOW.**

While some of the identifying information below is optional, when the successor trustee assumes transactional authority on the account, he/she must be able to provide sufficient evidence of their identity in accordance with UNIFY's Customer Identification Program. Providing that information now will help ensure that the appropriate person is given access to the account.

FIRST SUCCESSOR TRUSTEE		SECOND SUCCESSOR TRUSTEE (if applicable)	
NAME (FIRST, MIDDLE, LAST) *required		NAME (FIRST, MIDDLE, LAST) *required	
SOCIAL SECURITY NUMBER (optional)	DATE OF BIRTH (optional)	SOCIAL SECURITY NUMBER (optional)	DATE OF BIRTH (optional)
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
DRIVER'S LICENSE NUMBER (optional)	DRIVER'S LICENSE STATE (optional)	DRIVER'S LICENSE NUMBER (optional)	DRIVER'S LICENSE STATE (optional)
DL ISSUE/EXP DATE (optional)	PHONE NUMBER	DL ISSUE/EXP DATE (optional)	PHONE NUMBER

Section 7. Complete the information below for all beneficiaries of the Trust after the Trustor(s) pass away. The Trustor(s) should not be listed here, only the successor beneficiaries after the Trustor(s). If the Trustor(s) are deceased, then all beneficiaries must be eligible to become members.

7. BENEFICIARY INFORMATION. *REQUIRED* ALL beneficiaries must be listed below, including all successor beneficiary(ies) after the Trustor(s) pass away. **THIS TRUST APPLICATION AND AGREEMENT WILL NOT BE APPROVED UNLESS BENEFICIARY(IES) ARE DESIGNATED BELOW.** As a federal credit union, UNIFY is required by NCUA Rules and Regulations 12 CFR 701 Appendix A, Article 3, Section 6 to obtain the name(s) of all beneficiaries of the trust prior to opening the account. You agree and understand that failure to provide correct beneficiary information may jeopardize share insurance coverage and UNIFY will not be liable. Naming the Trustor(s) as beneficiary does not provide additional share insurance coverage.

While the additional identifying information below is optional, providing this information may ensure your trust assets are distributed according to your

BENEFICIARY	BENEFICIARY (if applicable)
NAME (FIRST, MIDDLE, LAST) *required	NAME (FIRST, MIDDLE, LAST) *required
STREET ADDRESS (optional)	STREET ADDRESS (optional)
CITY, STATE, ZIP CODE (optional)	CITY, STATE, ZIP CODE (optional)

Section 9. Enter the EIN for the trust. Sign and date the certification. Make sure the EIN or Social Security Number on this page matches the EIN or Social Security Number on page 1 of COT.

9. REQUEST FOR TAXPAYER IDENTIFICATION NUMBER.	
Part I.	Taxpayer Identification Number (TIN)
<p>Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see Part I of "Specific Instructions" to Payer's Request for Taxpayer Identification Number and Certification in the Information to IRS Form W-9. For other entities, it is your Employer Identification Number (EIN). If you do not have a number, see How to get a TIN in "Specific Instructions" Part I.</p> <p><i>Note: If the account is in more than one name, see the chart in the Instructions to IRS Form W-9 for guidelines on "What Name and Number To Give the Requestor."</i></p>	<p>Social Security Number (only applicable for Revocable Trust)</p> <p>_____</p> <p>OR</p> <p>Employer Identification Number (required for Irrevocable Trust)</p> <p>_____</p>
Part II.	Certification
<p>By signing below, I certify, under penalties of perjury, that:</p> <ol style="list-style-type: none"> The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me); I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; You are a U.S. citizen or other U.S. person (as defined in IRS form W-9 instructions); I am exempt from the Foreign Account Tax Compliance Act (FATCA) reporting; and If the trust is revocable, one or more trustors is/are eligible to be member(s) of UNIFY. If the trust is irrevocable, either all trustors or all beneficiaries are eligible to be members of UNIFY. <p>Certification Instructions. If you are presently subject to backup withholding because you have been notified by the IRS that you have failed to report all interest or dividend on your tax return, you must draw a line through statement 2 above. If you are not a U.S. person, you must draw a line through statement 3 above.</p>	
Sign Here	<p>Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</p> <p>Signature of _____ Date _____</p> <p>U.S. person _____</p>

Section 10. ALL current Trustee(s) must sign and date the TAA.

10. CERTIFICATION.		
<p>THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. UNIFY MAKES NO REPRESENTATION AS TO ANY TAX/PROBATE AVOIDANCE OR FINANCIAL/ESTATE PLANNING ADVANTAGE, BENEFIT, OR RESULT BASED ON THE TRUST ACCOUNT DESIGNATION. IF THE TRUSTOR(S) OR TRUSTEE(S) DESIRE ASSISTANCE OR ADVICE CONCERNING THIS TAA, THE SERVICES OF AN ATTORNEY OR OTHER COMPETENT PROFESSIONAL SHOULD BE SOUGHT. ALL CURRENT TRUSTEE(S) MUST SIGN BELOW.</p> <p>Under penalties of perjury, all current trustee(s) certify that the information on this form above is true and correct and agree to its terms and conditions. All current trustee(s) also certify that the signatures appearing below are genuine signatures of said authorized persons.</p>		
Trustee Name (Print)	Trustee Signature	Date



TRUSTEE INSTRUCTIONS:

TO CREATE A TRUST ACCOUNT WITH UNIFY FINANCIAL CREDIT UNION ("UNIFY"), YOU MUST COMPLETE ALL FIELDS IN THIS CERTIFICATION OF TRUST ("COT"). THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. UNIFY MAKES NO REPRESENTATION AS TO ANY TAX/PROBATE AVOIDANCE OR FINANCIAL/ESTATE PLANNING ADVANTAGE, BENEFIT, OR RESULT BASED ON THE TRUST ACCOUNT DESIGNATION. IF YOU DESIRE ASSISTANCE OR ADVICE CONCERNING THIS COT, YOU SHOULD SEEK THE SERVICES OF AN ATTORNEY OR OTHER COMPETENT PROFESSIONAL. UNIFY CANNOT PROVIDE YOU ANY ADVICE OF ANY KIND ASSOCIATED WITH THIS TRUST ACCOUNT; THEREFORE, YOU MAY NOT REASONABLY RELY ON ANY ADVICE YOU BELIEVE UNIFY HAS PROVIDED YOU. YOU ARE SOLELY RESPONSIBLE FOR THE RESPONSES PROVIDED IN THE COT.

***** DO NOT PROVIDE UNIFY A COPY OF THE TRUST, IN FULL OR IN PART *****

1. TRUST NAME	
2. DATE OF TRUST	3. TAX IDENTIFICATION NUMBER
4. TRUSTOR(S) NAME(S)	
TRUSTOR	TRUSTOR (if applicable)
TRUSTOR (if applicable)	TRUSTOR (if applicable)
5. CURRENT TRUSTEE(S) NAME(S)	
TRUSTEE	TRUSTEE (if applicable)
TRUSTEE (if applicable)	TRUSTEE (if applicable)
6. SUCCESSOR TRUSTEE(S) NAME(S): List in order of succession.	
FIRST SUCCESSOR TRUSTEE	SECOND SUCCESSOR TRUSTEE (if applicable)
THIRD SUCCESSOR TRUSTEE (if applicable)	FOURTH SUCCESSOR TRUSTEE (if applicable)
7. REVOCABILITY	
<p>A. The trust is currently (select one option below):</p> <p><input type="checkbox"/> REVOCABLE—The trust <u>can</u> be amended or canceled at the time of completing this COT. If selected, please complete Section 7(B) to the right.</p> <p align="center">OR</p> <p><input type="checkbox"/> IRREVOCABLE—The trust <u>cannot</u> be amended or canceled at the time of completing this COT. If selected, please skip Section 7(B) and continue to Section 8 below. An EIN must be assigned to the trust.</p>	<p>B. The power to revoke the trust is held by the Trustor(s) below:</p> <p>TRUSTOR _____</p> <p>TRUSTOR _____</p> <p>TRUSTOR _____</p> <p>TRUSTOR _____</p>
8. MISCELLANEOUS	
<p>The trustees who sign below, and who are of legal age, certify under penalty of perjury that:</p> <p>A. The trust referenced within this COT is in full force and effect and has not been revoked, modified, or otherwise amended in any manner which would cause the representations in this COT to be incorrect;</p> <p>B. The trustees agree that this COT will supersede any prior COTs provided to UNIFY;</p> <p>C. The trustees agree to provide a new COT to UNIFY in the event that any of these representations, warranties, agreements, or certifications change, or if they may no longer be relied upon by UNIFY;</p> <p>D. The trustees agree that UNIFY may rely on this COT (and any copies thereof) until UNIFY receives a new COT, in which case the new COT will supersede this COT in all respects;</p> <p>E. The trustees, acting alone or jointly, are authorized to transact business of any kind in connection with the trust's accounts at UNIFY;</p> <p>F. The trustees agree that any transaction by the trustees, acting alone or jointly, shall be valid and discharge UNIFY from any liability;</p> <p>G. The trustor(s) and trustee(s) hereby agree for the trust, themselves, and all trust beneficiaries for the life of the trust and the statutory life of any cause of action involving any account of the trust to indemnify and hold harmless UNIFY from any and all claims, suits, actions, damages, judgments, costs, charges, and expenses, including, but not limited to, court costs and attorneys' fees, resulting from any and all liability, loss or damage of any nature whatsoever that UNIFY shall or may sustain resulting from the establishment, maintenance, or transaction of any business on any trust account at UNIFY. The trustor(s) and trustee(s), on behalf of the trust, agree to pay any necessary expenses, attorneys' fees, or costs incurred in the enforcement of this COT; and</p> <p>H. This COT is being signed by all of the currently acting trustees of the trust.</p>	



CERTIFICATION OF TRUST (COT)
ACCOUNT # _____

9. TRUSTEE(S) SIGNATURE(S) AND NOTARY ACKNOWLEDGMENT (include any attachments as necessary)

I/We certify under penalties of perjury that the person(s) signing below are all of the current trustees of the trust.

Dated this _____ day of _____, 20____.

_____ Trustee

_____ Trustee (if applicable)

_____ Trustee (if applicable)

_____ Trustee (if applicable)

ACKNOWLEDGMENT

State of _____)

) ss.

County of _____)

On _____ (date), before me, _____ (printed name of Notary)

personally appeared _____, (printed name(s) of Trustee(s) signing) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

_____ Signature of Notary Public

Place Notary Seal Above



**TRUST APPLICATION AND
AGREEMENT (TAA)**
ACCOUNT # _____

[THIS PAGE IS INTENDED TO BE A SPACER BETWEEN THE COT AND TAA. YOU MAY DISCARD THIS PAGE]



1. SHARES TO BE PLACED IN TRUST ACCOUNT (CHECKONE)

All shares

The following shares: _____

2. IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

USA PATRIOT ACT Notice: Under Federal law, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account. Therefore, when you open an account at UNIFY Financial Credit Union, we will ask for your name, address, date of birth, and other identifying information. We may also ask to see your driver's license or other identifying documents.

3. TRUST INFORMATION

The funds in trust for the above referenced accounts/shares are controlled by a trust document entitled

_____ executed on _____
(Name of the trust) (Date)

The trustee(s) on behalf of the trust and with the trustor(s) named herein agree to conform to UNIFY's bylaws, the terms and conditions of this Trust Application and Agreement, as well as the Membership Booklet (containing the Membership and Account Agreement, Funds Availability Policy, and Electronic Fund Transfers Agreement and Disclosure) and Truth in Savings Act Disclosure, receipt of which is hereby acknowledged, and which are incorporated herein by this reference.

The trust referred to above is currently (select one option below):

REVOCABLE—the trust can be amended or canceled at this time; OR

IRREVOCABLE—the trust cannot be amended or canceled at this time.

If the trust is revocable, one or more trustor(s) is/are eligible to be member(s) of UNIFY. If the trust is irrevocable, either the trustor or beneficiary must be eligible to be members of UNIFY or, in the case of multiple trustors or beneficiaries, all the trustors or all of the beneficiaries must be eligible to be members of UNIFY. All accounts opened in the name of the trust belong solely to the trust. No transfer or voting rights or other membership privilege is permitted by virtue of a transfer of shares. Accounts are not transferable. It is understood that the trust has no voting rights at any membership meeting, although the individual member/trustor(s) retain their personal voting rights if they retain individual membership at UNIFY.

UNIFY HAS NOT RECEIVED A COPY OF THE TRUST, OR ANY PORTION THEREOF, AND SHALL NOT BE LIABLE UNDER ANY CIRCUMSTANCE FOR ITS CONTENTS. TRUSTEE(S) AND NOT UNIFY ASSUME FULL RESPONSIBILITY FOR COMPLYING WITH AND ENFORCING THE PROVISIONS OF THE TRUST.

[INTENTIONALLY BLANK]



4. TRUSTOR(S) INFORMATION. <i>All trustors must be listed below. If a trustor is deceased, please write the word "deceased" in parentheses after the deceased trustor's name and provide UNIFY a certified copy of the deceased's death certificate.</i>			
TRUSTOR		TRUSTOR (if applicable)	
NAME (FIRST, MIDDLE, LAST)		NAME (FIRST, MIDDLE, LAST)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
OCCUPATION	EMAIL ADDRESS	OCCUPATION	EMAIL ADDRESS
DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE STATE	DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE STATE
DRIVER'S LICENSE ISSUE DATE	DRIVER'S LICENSE EXPIRATION DATE	DRIVER'S LICENSE ISSUE DATE	DRIVER'S LICENSE EXPIRATION DATE
MOTHER'S MAIDEN NAME	PHONE NUMBER	MOTHER'S MAIDEN NAME	PHONE NUMBER
TRUSTOR (if applicable)		TRUSTOR (if applicable)	
NAME (FIRST, MIDDLE, LAST)		NAME (FIRST, MIDDLE, LAST)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
OCCUPATION	EMAIL ADDRESS	OCCUPATION	EMAIL ADDRESS
DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE STATE	DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE STATE
DRIVER'S LICENSE ISSUE DATE	DRIVER'S LICENSE EXPIRATION DATE	DRIVER'S LICENSE ISSUE DATE	DRIVER'S LICENSE EXPIRATION DATE
MOTHER'S MAIDEN NAME	PHONE NUMBER	MOTHER'S MAIDEN NAME	PHONE NUMBER
[INTENTIONALLY BLANK]			



5. CURRENT TRUSTEE(S) INFORMATION. <i>All current trustees must be listed below. If ALL trustees are the same as ALL trustors listed above in Section 4, you do not need to duplicate the information below. Instead, simply check this box <input type="checkbox"/></i>			
TRUSTEE		TRUSTEE (if applicable)	
NAME (FIRST, MIDDLE, LAST)		NAME (FIRST, MIDDLE, LAST)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
OCCUPATION	EMAIL ADDRESS	OCCUPATION	EMAIL ADDRESS
DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE STATE	DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE STATE
DRIVER'S LICENSE ISSUE DATE	DRIVER'S LICENSE EXPIRATION DATE	DRIVER'S LICENSE ISSUE DATE	DRIVER'S LICENSE EXPIRATION DATE
MOTHER'S MAIDEN NAME	PHONE NUMBER	MOTHER'S MAIDEN NAME	PHONE NUMBER
TRUSTEE (if applicable)		TRUSTEE (if applicable)	
NAME (FIRST, MIDDLE, LAST)		NAME (FIRST, MIDDLE, LAST)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
OCCUPATION	EMAIL ADDRESS	OCCUPATION	EMAIL ADDRESS
DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE STATE	DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE STATE
DRIVER'S LICENSE ISSUE DATE	DRIVER'S LICENSE EXPIRATION DATE	DRIVER'S LICENSE ISSUE DATE	DRIVER'S LICENSE EXPIRATION DATE
MOTHER'S MAIDEN NAME	PHONE NUMBER	MOTHER'S MAIDEN NAME	PHONE NUMBER
[INTENTIONALLY BLANK]			



6. SUCCESSOR TRUSTEE(S) INFORMATION. *REQUIRED* *All successor trustees must be listed below in the order of succession set forth in the trust. Trustee(s) affirm that successor trustee(s) is/are bound under the trust to serve and are authorized and fully qualified to act as trustee(s) in the event that all of the trustee(s) named above in Section 5 resign, die, become incapacitated, or otherwise become unable to act as trustee(s) of the trust. THIS TRUST APPLICATION AND AGREEMENT WILL NOT BE APPROVED UNLESS SUCCESSOR TRUSTEE(S) ARE DESIGNATED BELOW.*

While some of the identifying information below is optional, when the successor trustee assumes transactional authority on the account, he/she must be able to provide sufficient evidence of their identity in accordance with UNIFY's Customer Identification Program. Providing that information now will help ensure that the appropriate person is given access to the account.

FIRST SUCCESSOR TRUSTEE		SECOND SUCCESSOR TRUSTEE (if applicable)	
NAME (FIRST, MIDDLE, LAST) *required		NAME (FIRST, MIDDLE, LAST) *required	
SOCIAL SECURITY NUMBER (optional)	DATE OF BIRTH (optional)	SOCIAL SECURITY NUMBER (optional)	DATE OF BIRTH (optional)
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
DRIVER'S LICENSE NUMBER (optional)	DRIVER'S LICENSE STATE (optional)	DRIVER'S LICENSE NUMBER (optional)	DRIVER'S LICENSE STATE (optional)
DL ISSUE/EXP DATE (optional)	PHONE NUMBER	DL ISSUE/EXP DATE (optional)	PHONE NUMBER
THIRD SUCCESSOR TRUSTEE (if applicable)		FOURTH SUCCESSOR TRUSTEE (if applicable)	
NAME (FIRST, MIDDLE, LAST) *required		NAME (FIRST, MIDDLE, LAST) *required	
SOCIAL SECURITY NUMBER (optional)	DATE OF BIRTH (optional)	SOCIAL SECURITY NUMBER (optional)	DATE OF BIRTH (optional)
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
DRIVER'S LICENSE NUMBER (optional)	DRIVER'S LICENSE STATE (optional)	DRIVER'S LICENSE NUMBER (optional)	DRIVER'S LICENSE STATE (optional)
DL ISSUE/EXP DATE (optional)	PHONE NUMBER	DL ISSUE/EXP DATE (optional)	PHONE NUMBER

[INTENTIONALLY BLANK]



7. BENEFICIARY INFORMATION. *REQUIRED* *ALL beneficiaries must be listed below, including all successor beneficiary(ies) after the Trustor(s) pass away. THIS TRUST APPLICATION AND AGREEMENT WILL NOT BE APPROVED UNLESS BENEFICIARY(IES) ARE DESIGNATED BELOW. As a federal credit union, UNIFY is required by NCUA Rules and Regulations 12 CFR 701 Appendix A, Article 3, Section 6 to obtain the name(s) of all beneficiaries of the trust prior to opening the account. You agree and understand that failure to provide correct beneficiary information may jeopardize share insurance coverage and UNIFY will not be liable. Naming the Trustor(s) as beneficiary does not provide additional share insurance coverage.*

While the additional identifying information below is optional, providing this information may ensure your trust assets are distributed according to your

BENEFICIARY	BENEFICIARY (if applicable)
NAME (FIRST, MIDDLE, LAST) <i>*required</i>	NAME (FIRST, MIDDLE, LAST) <i>*required</i>
STREET ADDRESS <i>(optional)</i>	STREET ADDRESS <i>(optional)</i>
CITY, STATE, ZIP CODE <i>(optional)</i>	CITY, STATE, ZIP CODE <i>(optional)</i>
BENEFICIARY (if applicable)	BENEFICIARY (if applicable)
NAME (FIRST, MIDDLE, LAST) <i>*required</i>	NAME (FIRST, MIDDLE, LAST) <i>*required</i>
STREET ADDRESS <i>(optional)</i>	STREET ADDRESS <i>(optional)</i>
CITY, STATE, ZIP CODE <i>(optional)</i>	CITY, STATE, ZIP CODE <i>(optional)</i>
BENEFICIARY (if applicable)	BENEFICIARY (if applicable)
NAME (FIRST, MIDDLE, LAST) <i>*required</i>	NAME (FIRST, MIDDLE, LAST) <i>*required</i>
STREET ADDRESS <i>(optional)</i>	STREET ADDRESS <i>(optional)</i>
CITY, STATE, ZIP CODE <i>(optional)</i>	CITY, STATE, ZIP CODE <i>(optional)</i>
BENEFICIARY (if applicable)	BENEFICIARY (if applicable)
NAME (FIRST, MIDDLE, LAST) <i>*required</i>	NAME (FIRST, MIDDLE, LAST) <i>*required</i>
STREET ADDRESS <i>(optional)</i>	STREET ADDRESS <i>(optional)</i>
CITY, STATE, ZIP CODE <i>(optional)</i>	CITY, STATE, ZIP CODE <i>(optional)</i>

[INTENTIONALLY BLANK]



8. MISCELLANEOUS.

A. In the event that all named trustee(s) and successor trustee(s) die, resign, become incapacitated, refuse to act, or UNIFY receives conflicting instructions, UNIFY reserves the right to interplead any and all funds held in accounts opened under this Trust Application and Agreement ("TAA") and to deduct its attorneys' fees for the interpleader action from the Trust Account funds.

B. If there is a change in the parties or terms of the trust, including, but not limited to, a change in trustors or trustees, all trustor(s) and trustee(s) agree to execute a new TAA and Certification of Trust ("COT"). Such change shall not be effective until UNIFY has received a properly executed TAA and COT and has had a reasonable opportunity to act on it. In the event of a change of address of trustors/trustees, the trustee(s) agree to notify UNIFY of such change.

C. The trustee(s) certify that they are duly appointed under the trust and that, by the authority vested in them under the trust, any trustee, acting alone or jointly, is authorized and empowered to transact business of any kind in connection with the trust's accounts at UNIFY. It is agreed that any transaction by the above-named trustee(s), acting alone or jointly, shall be valid and discharge UNIFY from any and all liability.

D. Trustee(s) may authorize the transaction of any business on accounts held at UNIFY in the name of the trust by their oral or written instruction to UNIFY. Trustee(s) may obtain funds from the trust's accounts in their names or in the names of third parties upon the trustee's written or oral instruction.

E. Trustee(s) agree and acknowledge that UNIFY cannot and will not monitor or enforce the exercising of dual or multi signature requirements in order to effect the powers under the trust.

F. Trustee(s) may receive, take possession of, release, assign, mortgage, pledge, hypothecate, or otherwise use assets of the trust as security for a loan from UNIFY or any other purpose except as specifically set forth below (if applicable):

G. If the trustee(s) named on this TAA borrow from UNIFY Financial Credit Union and the trust must be examined by a third party (e.g. a title company), UNIFY agrees to forward a copy of the trust from the trustee(s) to the third party only if trustee(s) present to UNIFY a sealed envelope containing the trust. UNIFY will not accept copies of the trust that are not in a sealed envelope. Further, UNIFY will not keep any trust, in whole or in part, in its files or be liable for the contents of a trust. The trustee(s) shall sign on a form designated by UNIFY that UNIFY has received the trust in a sealed envelope when the trustee(s) present(s) the trust to UNIFY.

H. Trustee(s) agree that if they borrow from UNIFY and use trust assets as collateral, then the trustor(s) or the trustee(s), as members of UNIFY, will, by signing all documents relating to the loan, obligate themselves as individuals in addition to the signatures of the trustee(s) on behalf of the trust.

I. Trustee(s) agree to promptly notify UNIFY if any of the trustor(s) or trustee(s) resign, become incapacitated, or die. Prior to any successor trustee(s) transacting business on accounts held at UNIFY in the name of the trust, the successor trustee(s) must provide UNIFY with either a letter of resignation signed by the existing trustee(s), a judicial declaration of incapacity, or a certified copy of the death certificate for the trustee(s). The successor trustee(s) must complete a new TAA as well as a new COT. Resignation, incapacity, or death of any trustee or trustor shall not revoke the authority of UNIFY to act under this TAA until written notice of the resignation, incapacity, or death has been presented to UNIFY and UNIFY has reasonable opportunity to act on it. However, upon presentation of a trustee's letter of resignation, judicial declaration of incapacity, or certified copy of the death certificate, UNIFY is authorized to act upon designated successor trustee(s) instructions in accordance with the terms of this TAA.

J. Successor trustee(s) shall close all accounts opened under this TAA within 90 days after receiving notification of resignation, incapacity, or death of the trustee(s). UNIFY is authorized, but not required, to close any accounts under this TAA upon the 91st day after receiving notice regarding the death of the trustee(s), and mail a check to the designated successor trustee(s) for the balance of the account and made payable to the designated successor trustee(s) as trustee(s) for the above-named trust. The parties may be able to maintain the trust account at UNIFY under a new TAA. See a UNIFY member services representative for eligibility.

K. Trustor(s) and trustee(s) acknowledge and agree that UNIFY's sole obligation to the trustor(s)/trustee(s) is as a depository institution and is a debtor/creditor relationship and nothing in this TAA or in the trust shall be construed to impose any duties or obligations whatsoever upon UNIFY as a trustee or other fiduciary under the trust or otherwise.

L. The trustor(s) and trustee(s) hereby agree for the trust, themselves, and all trust beneficiaries for the life of the trust and the statutory life of any cause of action involving any account of the trust to indemnify and hold harmless UNIFY from any and all claims, suits, actions, damages, judgments, costs, charges, and expenses, including, but not limited to, court costs and attorneys' fees, resulting from any and all liability, loss or damage of any nature whatsoever that UNIFY shall or may sustain resulting from the establishment, maintenance, or transaction of any business on any trust account at UNIFY. The trustor(s) and trustee(s), on behalf of the trust, agree to pay any necessary expenses, attorneys' fees, or costs incurred in the enforcement of this TAA.

M. Trustor(s) and trustee(s) acknowledge and agree that UNIFY is relying upon the statements, representations, and warranties made by the trustor(s) and trustee(s) contained in this TAA, and that UNIFY shall not be responsible in any way for verifying either the existence, validity, or legality of the trust itself or the authority or powers of the trustee(s) under the governing trust to establish, maintain, or transact any business on the trust accounts. UNIFY reserves the right at any time to require the trustee(s) to execute and provide a COT in a form and substance acceptable to UNIFY, affirming the existence of the trust and the authority and powers of the trustee(s) thereunder.

N. By signing below, I hereby make an application for membership in UNIFY Financial Credit Union and agree to conform to the bylaws and amendments thereof. I authorize UNIFY to check my credit history, as well as obtain and provide additional credit information form and to others. I understand that membership is contingent on satisfactory account verification. I agree that I will have the option of opening additional accounts verbally or electronically unless stated otherwise in writing. I agree that the accounts and/or services shall be governed by the terms and conditions set forth in the UNIFY Disclosures, with which I shall be provided. UNIFY may share my information with others only as needed to establish my account.



9. REQUEST FOR TAXPAYER IDENTIFICATION NUMBER.

Part I.	Taxpayer Identification Number (TIN)	
Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see Part I of "Specific Instructions" to Payer's Request for Taxpayer Identification Number and Certification in the Information to IRS Form W-9. For other entities, it is your Employer Identification Number (EIN). If you do not have a number, see How to get a TIN in "Specific Instructions" Part I.		Social Security Number (only applicable for Revocable Trust) _____
Note: If the account is in more than one name, see the chart in the Instructions to IRS Form W-9 for guidelines on "What Name and Number to Give the Requestor."		OR Employer Identification Number (required for Irrevocable Trust) _____

Part II. Certification

By signing below, I certify, under penalties of perjury, that:

1. The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. You are a U.S. citizen or other U.S. person (as defined in IRS form W-9 instructions); and
4. I am exempt from the Foreign Account Tax Compliance Act (FATCA) reporting

Certification Instructions. If you are presently subject to backup withholding because you have been notified by the IRS that you have failed to report all interest or dividend on your tax return, you must draw a line through statement 2 above. If you are not a U.S. person, you must draw a line through statement 3 above.

Sign Here	Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.	
	Signature of _____ U.S. person _____	Date _____

10. CERTIFICATION.

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. UNIFY MAKES NO REPRESENTATION AS TO ANY TAX/PROBATE AVOIDANCE OR FINANCIAL/ESTATE PLANNING ADVANTAGE, BENEFIT, OR RESULT BASED ON THE TRUST ACCOUNT DESIGNATION. IF THE TRUSTOR(S) OR TRUSTEE(S) DESIRE ASSISTANCE OR ADVICE CONCERNING THIS TAA, THE SERVICES OF AN ATTORNEY OR OTHER COMPETENT PROFESSIONAL SHOULD BE SOUGHT.

***ALL CURRENT TRUSTEE(S) MUST SIGN BELOW.**

Under penalty of perjury, all current trustee(s) certify that the information on this form is true and correct and agree to its terms and conditions. All current trustee(s) also certify that the signatures appearing below are genuine signatures of said authorized persons.

Trustee Name (Print)	Trustee Signature	Date

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