



PLEASE PRINT CLEARLY OR TYPE. COMPLETE ALL APPLICABLE SECTIONS AND SIGN WHERE INDICATED

ACCOUNT NAME: Credit Union Use Only	ACCOUNT NUMBER: Credit Union Use Only
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Trustee 3

Legal Name	Social Security Number	Date of Birth	Relationship to Minor
Home Phone	Alt. Phone	ID Type, State/Issued By, Number, Expiration	Mother's Maiden Name
Residence Street Address/City/State/Zip (if different than the Mailing Address listed by above or if the Mailing Address listed is a P.O. Box)			

Trustee 4

Legal Name	Social Security Number	Date of Birth	Relationship to Minor
Home Phone	Alt. Phone	ID Type, State/Issued By, Number, Expiration	Mother's Maiden Name
Residence Street Address/City/State/Zip (if different than the Mailing Address listed by above or if the Mailing Address listed is a P.O. Box)			

As Trustee(s) for the Minor Beneficiary named herein, I/we hereby make application for membership for the Beneficiary in AFTRA-SAG Federal Credit Union (the "Credit Union") and certify that the Beneficiary is within the Credit Union's field of membership. I/we understand and agree that this membership application shall govern only this Minor Blocked - Coogan Trust Account. I/We authorize the Credit Union to obtain my/our consumer credit report information from consumer reporting agencies for the purpose of identity verification and/or to determine my/our eligibility to offer me/us other Credit Union products or services. I/We agree to be bound to the Credit Union's bylaws and policies, and to the terms and conditions of this and all account agreements with the Credit Union now or in the future, including but not limited to, the All About Your Accounts Truth-In-Savings Disclosure and Account Agreement, Fee Disclosure, Rate Schedule and the Electronic Services Disclosure, which have been provided to me/us and which are incorporated into and made part of this Membership Application as though they were set forth in length. I understand and agree that I may not withdraw any amount, including earnings thereon, except upon court order (if box is checked above for Court Ordered Minor Blocked Trust) or in the manner provided by California Family Code Secs. 6750-6753 (if box is checked above for Coogan Trust or Corporate Coogan Trust). I/We agree that the Credit Union may access information concerning the handling of my/our account(s) with other financial institutions now and in the future and understand that my/our application to establish an account will be verified through an account verification service. ****The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding**

SIGNATURES:

X _____
Trustee 3 Date

X _____
Trustee 4 Date