



Living Trust Account Agreement

| Trust Information | | | | |
|--|---------------------------------------|---------------|--------------|---|
| Exact Title of Trust | | Trust Tax ID# | | Trust Type: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable |
| Trust Account Number | Secure Word / Code (16 character max) | | Phone Number | Execution Date of Trust |
| Grantor Street Address | | Apt # | City | State Zip Code |
| Grantor Mailing Address (if other than physical) | | Apt # | City | State Zip Code |

| Grantor Information | | | | | |
|---------------------|------------|--------|-------------------|-----|----------------|
| Last Name | First Name | Middle | Social Security # | DOB | SBCU Account # |
| Last Name | First Name | Middle | Social Security # | DOB | SBCU Account # |

| Trustee Information | | | | | |
|---------------------------|------------|--------|-------------------|---------------|----------|
| Trustee Last Name | First Name | Middle | Social Security # | Home Phone | |
| Street Address | Apt # | | City | State | Zip Code |
| Identification Type/State | ID Number | | Expiration Date | Date of Birth | |
| Trustee Last Name | First Name | Middle | Social Security # | Home Phone | |
| Street Address | Apt # | | City | State | Zip Code |
| Identification Type/State | ID Number | | Expiration Date | Date of Birth | |

| Beneficiary Information | | | | | |
|-------------------------|--|------------------------|------|---------------|----------------|
| Name | | Social Security Number | | Date of Birth | Relationship |
| Street Address | | Apt # | City | | State Zip Code |
| Name | | Social Security Number | | Date of Birth | Relationship |
| Street Address | | Apt # | City | | State Zip Code |
| Name | | Social Security Number | | Date of Birth | Relationship |
| Street Address | | Apt # | City | | State Zip Code |
| Name | | Social Security Number | | Date of Birth | Relationship |
| Street Address | | Apt # | City | | State Zip Code |

Important Information - Read Before Signing

By signing this document I/we certify:

- The information provided in this application is accurate and true.
- The Important Account Information for our Members disclosure and Electronic Fund Transfers disclosure were received and reviewed (each contains important information regarding credit union products, services, and account holder(s) legal rights).
- Agreement to the terms and conditions outlined in the above mentioned disclosures and any other material pertaining to the account.
- Permission to use information provided in this application for member identification purposes as the credit union deems necessary.
- Authorization to obtain credit bureau information for credit union marketing, per-approval and/or collection purposes.
- The credit union is under no obligation to pay a share draft that exceeds the fully paid and collected share balance in this account. The credit union may, however, pay such share draft and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, or from any other regular share account from which any of the undersigned is then eligible to withdraw shares.
- Each Trustee is authorized to transact business for the trust without the approval of any other Trustee.
- Trustee(s) agree to promptly inform South Bay Credit Union in writing if the Trust has been revoked.
- The Trustee(s) certify that the signatures below are of the currently acting trustee(s)

* By indicating an Identity Verification code, I/we understand that South Bay Credit Union may use this information for the purpose of identifying account ownership especially for email and telephone transactions.

| Signature of Trustee(s) and substitute Form W-9 | | | |
|--|------|----------------------|------|
| Under penalties of perjury, I certify that the Taxpayer Identification Number (TIN) I have given you is correct, and that I am NOT subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. person. 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 Trustee | Date | Signature of Trustee | Date |