



Trust And Fiduciary
Share Account Signature Card

ACCOUNT TITLE: _____ ACCOUNT NUMBER: _____

QUALIFICATION FOR MEMBERSHIP:

SPONSORED BY _____ RELATIONSHIP _____ ACCOUNT NUMBER _____

- Fiduciary Account Coogan Account Trust Totten Account

Type of Fiduciary _____
(i.e. Administrator, Conservator, Executor, Guardian, Rep Payee, or Trustee)

Check One: Account Blocked Account Not Blocked

Beneficiary's Name: _____ Beneficiary's Social Security #: _____

By signing below, I/we agree to the terms and conditions of this Share Account Signature Card as well as the terms and conditions of the Truth-in-Savings Disclosure and Agreement receipt of which is acknowledged. I/we certify and affirm, that by signing below hereof, that I/we are authorized to establish the account checked above.

Signature (1) _____ Date: _____

**LOS ANGELES POLICE FEDERAL CREDIT UNION
TRUST ACCOUNT INFORMATION SHEET**

FOR CREDIT UNION USE ONLY

FIDUCIARY/TRUST TITLE

ACCOUNT NUMBER

ADMINISTRATOR/CONSERVATOR/EXECUTOR/GUARDIAN/REP PAYEE/TRUSTEE INFORMATION

FULL NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

MAILING ADDRESS

CITY, STATE, ZIP CODE

SOCIAL SECURITY NUMBER

PLACE OF BIRTH

DATE OF BIRTH

DRIVER'S LICENSE NUMBER

ISSUE DATE

EXPIRATION DATE

MOTHER'S MAIDEN NAME

HOME PHONE

WORK PHONE

CELL PHONE

EMPLOYER'S NAME

EMAIL ADDRESS

OCCUPATION

BENEFICIARY INFORMATION

FULL NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

ADMINISTRATOR'S/CONSERVATOR'S/EXECUTOR'S/GUARDIAN'S/REP PAYEE'S/TRUSTEE'S SIGNATURE

DATE

CREDIT UNION USE ONLY

ChexSystems _____ OFAC _____ Verified Membership Eligibility _____

Opened By _____ Date _____ Membership Officer Approval _____

CIP _____ ODP (A-9 Notice) _____ Flag 44, 67, or N/A _____