



# Fiduciary Account Application

Service Federal Credit Union Corporate Offices  
Stateside: P.O. Box 1268, Portsmouth, NH 03802 | 800.936.7730  
Overseas: Unit 3019, APO AE 09021-3019 | 00800.4728.2000

Please use the Fiduciary Account Application to open a:

- Estate Account
- Guardian Account
- Representative Payee or VA Fiduciary Account

To speed up the processing of your application, please follow these steps:

1. Fill out the application completely and sign it. **Incomplete or unsigned applications will be returned.**
2. Include copies of all required documentation (see below for each account type).
  - **Estate Account**
    - Death Certificate for decedent
    - Taxpayer Identification Number required
    - Court documentation appointing the individual opening the account as executor, administrator, or personal representative of the estate.
  - **Guardian or Conservator Account**
    - Complete Guardianship Documents (Court Order)
  - **Representative Payee/VA Fiduciary Account**
    - SSA Documentation
    - VA Documentation

Eligibility Requirements:

Under Estate Accounts, the decedent is required to be an existing member of Service Credit Union. You are eligible to open an Estate account if you are the qualified administrator for a deceased Service Credit Union member that resided within the United States on date of death. Under Guardian, Representative Payee and VA Fiduciary Accounts, the ward or beneficiary is required to be an existing member of Service Credit Union or must fall within our field of membership.

The decedent, ward, or beneficiary's member number is: \_\_\_\_\_

Completed applications can be mailed along with required documentation as listed above to:

**Service Federal Credit Union**  
**PO Box 1268**  
**Portsmouth, NH 03802**



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## FIDUCIARY INFORMATION: (person establishing account)

Full name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Mothers Maiden Name: \_\_\_\_\_  
 Fiduciary ID type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Document ID # \_\_\_\_\_

## ACCOUNT TYPE: (Account will not be opened without supporting documentation)

### ESTATE ACCOUNT

Estate Name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 TIN: \_\_\_\_\_

### GUARDIAN ACCOUNT

Full Name of Ward: \_\_\_\_\_ SSN: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physical address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 Ward ID type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Document ID # \_\_\_\_\_

### REPRESENTATIVE PAYEE/VA FIDUCIARY ACCOUNT

Beneficiary Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physical address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 Beneficiary ID type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Document ID # \_\_\_\_\_



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## ACCOUNT SERVICES: (check all that apply)

- Primary Savings Account
- Checking Account
- Money Market
- Visa® Debit Card
- Go Paperless
- Share Transfer Overdraft Protection
- other

**Agreement:** I certify that I am within the field of membership as described on page 1. By signing below I hereby make Application for a fiduciary membership with Service Federal Credit Union (d/b/a "Service Credit Union"), any reference in this form to "Service Credit Union" is a reference to Service Federal Credit Union and agree to conform to its laws and amendments thereof and subscribe for at least one share **by depositing and maintaining \$5 in a primary fiduciary share account; I understand that a pledge of \$5 will be placed on this primary share account.** I acknowledge receipt of the Credit Union Account Agreement and Disclosure Statements, Rate Schedule and Fees and transaction Limitations Schedule.

**Estate Accounts:** I certify that I have been duly qualified and/or appointed by a court to settle the above decedent's estate, including, but not limited to, the payment of taxes, debts, and distribution of assets and/or property belonging to the estate. By my signature, I acknowledge that Service Federal Credit Union assumes no responsibility for the administration of this estate account or the settlement of the above decedent's estate at any time. I understand that upon settlement of the decedent's estate, it is my responsibility to request the closure of the estate account.

**If employed by the Department of Defense,** I hereby authorize the Department of Defense and its various departments and commands to verify the information listed above and my social security number or other identifier and disclose my current address to authorized SERVICE FEDERAL CREDIT UNION officials so they may contact me in connection with my financial business, relationship with Service Credit Union. All information will be used solely in connection with my financial business relationship with SERVICE CREDIT UNION.

**INSTRUCTIONS TO SIGNER:** If you have been notified by the Internal Revenue Service that you are subject to backup withholding due to Payee under reporting, and you have not received notice from the IRS that backup withholding has terminated, you must strike out the language in CLAUSE 2 of the Certification below.

### **CERTIFICATION TO THE TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING**

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholdings, and (3) I am a U.S. person (including U.S. resident alien). **DOES NOT APPLY TO NON-RESIDENT ALIENS. Please refer to the Account Agreement and Disclosure for the Joint Account Agreement.**

**Each Signer also agrees that the Credit Union may obtain any credit reference necessary including, but not limited to, Efunds, at any time while an account holder.**

**THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

### **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law required all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Membership is intended to provide credit union services to all who are eligible. Branch office service in Germany may be unavailable to some DoD retirees and their families based on the NATO Status of Forces Agreement with Germany and/or other Field of Membership restrictions.

Signature of  
Fiduciary:

Date:

\_\_\_\_\_

_____ Print Employee Name/Teller Number	_____ Employee Signature
_____ MICR Number	_____ Branch Office