

Custodial Account Application & Signature Card



Custodial Accounts are opened under the Minnesota Uniform Transfer to Minors Act and are governed by the act's rules and provisions. The act allows for only **ONE** custodian and **ONE** minor on each account. Only the custodian may withdraw funds from the account until the custodial arrangement terminates by law and the funds are transferred to the minor by the custodian.

Simply bring this completed application to your local branch or mail it to us with **a copy of the custodian's valid identification, minor's valid identification (if applicable)**, and an initial deposit. The custodian must be an existing member of Wings Financial Credit Union. If the custodian is anyone other than the parent or legal guardian, the parent or legal guardian of the minor must sign on the following page.

Minor Information

Name of Minor _____ Wings ID _____

Date of Birth _____ U.S. Tax Identification Number _____ By checking this box I certify the Minor is a U.S. Citizen or Resident Alien.

Residence Address (cannot be P.O. Box) _____ City _____ State _____ ZIP Code _____

Mailing Address (if different from above) _____ City _____ State _____ ZIP Code _____

Phone Number _____ Landline Cell Phone _____ Email Address _____

Place of Birth (City/State) _____ Occupation/Previous Occupation _____ Self-Employed Unemployed

ID Number _____ Issuing State/Country _____ ID Expiration Date _____

ID Type: Driver's License Passport State ID None

Minor Membership Eligibility – Please refer to wingscu.com/membership for eligibility information.

- The Minor lives or works in an eligible county.
- The Minor is an employee of a qualified employer.
- The Minor lives or works in the Seattle/Tacoma metro area.
- The Minor is an air transportation employee.
- The Minor is an immediate family member of an eligible individual.
- The Minor would like to become a Foundation member. (\$5 donation required)

Custodian Information (Custodian must be an existing Wings member.)

Custodian Name _____ Wings ID _____

Date of Birth _____ U.S. Tax Identification Number _____ By checking this box I certify that I am a U.S. Citizen or Resident Alien.

Residence Address (cannot be P.O. Box) _____ City _____ State _____ ZIP Code _____

Mailing Address (if different from above) _____ City _____ State _____ ZIP Code _____

Phone Number _____ Landline Cell Phone _____ Email Address _____

Place of Birth (City/State) _____ Occupation/Previous Occupation _____ Retired Self-Employed Unemployed

ID Number _____ Issuing State/Country _____ ID Expiration Date _____

ID Type: Driver's License Passport State ID Relationship to Minor _____

Successor Custodian Information

Successor Custodian Name _____

U.S. Tax Identification Number _____

By checking this box I certify that the Successor Custodian is a U.S. Citizen or Resident Alien.

Date of Birth _____

Relationship to Minor _____

Consent to Contact Wireless Telephone

Members of Wings Financial Credit Union (“Wings”) have access to market competitive financial products and services. We’d like to contact you from time to time and ensure the products and services you utilize are tailored to your needs and expectations. Wings is required to get consent to contact you at the wireless telephone number provided. By initialing below, you agree that we may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e., cell phone numbers), which may result in charge to you. You agree that we may contact you in order to service your account, prevent fraud, collect any amounts owed to us, and for informational and telemarketing purposes as permitted by law. You further agree that methods of contact may include the use of pre-recorded or artificial voice messages and/or the use of an automatic dialing system. You understand that you are not required to agree to this provision as a condition of purchasing any property, goods, or services. You agree that you have the authority to give consent regarding the wireless number provided.

Custodian Consent:

Please Initial

Agreement, Signature & Certification of Taxpayer ID Number

By signing below, I (the custodian) certify that the minor is eligible and makes application for membership and will subscribe to at least one share in Wings Financial Credit Union. I agree to conform to its bylaws and any amendments thereto. I also acknowledge receipt of, and agree to, a complete list of rules, regulations and fees concerning the account (Account Agreement & Disclosure). I certify, under penalty of perjury, that all information furnished on this application is true and correct. It is also agreed that only I, and not the minor, may at any time close the account or add or remove a successor custodian. Wings is required to and will verify the eligibility and identity of all account applicants by obtaining a debit and/or credit report. I authorize Wings to obtain and use debit and/or credit reports in connection with this account application and for the purpose of considering the minor and/or myself for additional financial products and services both now and in the future.

Under penalties of perjury, I certify that: 1) The minor listed on the account is a U.S. Citizen or Resident Alien and the U.S. Tax Identification Number shown is their correct identification number, and 2) Unless the box below is checked, that they are **NOT** subject to backup withholding.

NOTE: If the Minor **IS** subject to backup withholding, check here:

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

If the custodian is anyone other than the parent or legal guardian, the parent or legal guardian of the minor must provide certification by signing below:

Signature of Parent or Legal Guardian

Date

Signature of Custodian

Date

CU Use Only:

Opened/Modified By #

Date

Acct #

Acct #

Acct #

Acct #

Acct #