

MINOR'S INFORMATION		CUSTODIAN INFORMATION (QUORUM MEMBER)	
FIRST NAME	MI	FIRST NAME <input type="checkbox"/> MR. <input type="checkbox"/> MS.	MI
LAST NAME		LAST NAME	MEMBER #
BIRTHDAY (MM/DD/YY)	SOCIAL SECURITY OR TAX ID	BIRTHDAY (MM/DD/YY)	SOCIAL SECURITY OR TAX ID
RELATIONSHIP TO CUSTODIAN	GENDER <input type="checkbox"/> M <input type="checkbox"/> F		
NOTE: Custodian MUST be a Quorum member.			

CONTACT INFORMATION OF CUSTODIAN		
RESIDENCE STREET ADDRESS	CITY	STATE & ZIP
MAILING ADDRESS (SKIP IF SAME AS ABOVE)	CITY	STATE & ZIP
MOBILE # (PREFERRED)	HOME PHONE #	EMAIL ADDRESS

**SUCCESSOR DESIGNATION (OPTIONAL)**

I hereby designate (print full name): \_\_\_\_\_ to succeed me as custodian of this account in the event that I resign custodianship, die or become legally incapacitated.

**Successor Custodian Signature:** \_\_\_\_\_

**Successor Custodian Social Security Number:** \_\_\_\_\_

**Successor Custodian's Relationship to Minor:** \_\_\_\_\_

(Only an adult member of the minor's family or legally appointed guardian is eligible to become a successor custodian.)

**HOW WOULD YOU LIKE TO FUND THIS CUSTODIAL ACCOUNT?**

DEPOSIT AMOUNT:	
TRANSFER FROM YOUR OTHER EXISTING QUORUM ACCOUNT	WITH A CHECK:
ACCOUNT NUMBER + SUFFIX	MAKE YOUR CHECK PAYABLE TO <b>QUORUM FEDERAL CREDIT UNION</b>

**You're almost done...**

**OVER THE PHONE PASSWORD**

Please provide us with your over-the-phone password. Up to 9 characters. We will use this password to verify your identity when you call us.

**DISCLOSURES & AGREEMENT**

I hereby apply to Quorum Federal Credit Union for a Custodial account under New York's Uniform Transfers to Minors Act for the benefit of the above-named minor. I agree to conform to the Credit Union's bylaws and regulations. By submitting this application I certify under penalties of perjury: (1) the Social Security or Tax Identification number on my application is correct; (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding due to failure to report interest or dividend income, or the IRS has notified me that I am no longer subject to backup withholding; (3) I am a US person (including a US resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I understand these funds are for the exclusive benefit of the Minor and all funds deposited to this account constitute an irrevocable transfer to the Minor; are not for my use or benefit; and may not be pledged as security for any purpose.

I agree that it shall be my responsibility to deliver or pay to the Minor the balance in this account upon the Minor reaching the age of majority, as determined by New York's Uniform Transfers to Minor's Act.

If I as the Custodian do not take such action, the Minor may request access to the funds upon attaining the age specified below, I agree that the Credit Union may pay the entire balance in the account(s) to the beneficiary and the Credit Union will have no further liability with respect to the account(s).

I agree that all accounts established pursuant to this Agreement shall be governed by the Credit Union Truth in Savings Disclosure, bylaws, policies and procedures and any other rules and regulations as may affect such Agreements, as amended and then in force.

To comply with the USA Patriot Act, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth and Social Security or Tax Identification number. We may also ask to see your driver's license or other documents that will allow us to identify you.

**SIGN HERE**

CUSTODIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SUBMIT YOUR APPLICATION**

**SEND YOUR COMPLETED, SIGNED APPLICATION WITH A COPY OF THE CHILD'S SOCIAL SECURITY CARD (REQUIRED) VIA:**

- FAX: (914) 641-3730, Attention: Operations; or
- MAIL: Quorum, 2500 Westchester Avenue, Suite 411, Purchase, NY 10577, Attention: Operations

STAFF ONLY	MINOR ID TYPE	ISSUE STATE	ID#	ISSUE DATE	EXP DATE	3RD PARTY PROVIDER NAME/RESULT
	CUSTODIAN ID TYPE	ISSUE STATE	ID#	ISSUE DATE	EXP DATE	3RD PARTY PROVIDER NAME/RESULT
	MEMBER NUMBER	OPEN DATE	REPRESENTATIVE NAME	EMPLOYEE INITIALS	LOCATION CODE	