

## CUSTODIAL ACCOUNT APPLICATION AND 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 below.

MINOR INFORMATION			
Minor Name			Wings ID
Date of Birth	U.S. Tax Identification Number	<input type="checkbox"/>	By checking this box I certify the Minor is a U.S. Citizen or Resident Alien.
Statement Mailing Address	City	State	Zip
Residence Address <i>(required if different from mailing address)</i>	City	State	Zip
Email Address	Home Phone	<input type="checkbox"/> Landline <input type="checkbox"/> Wireless	Cell Phone
Place of Birth <i>(City/State)</i>	Mother's Maiden Name		
Employer Name <i>(please indicate if retired or unemployed)</i>	Employer City/State		
ID Type <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> None	ID Number	Issuing State/Country	
CUSTODIAN INFORMATION <i>(Custodian must be an existing Wings member)</i>			
Custodian Name			Wings ID
Date of Birth	U.S. Tax Identification Number	<input type="checkbox"/>	By checking this box I certify I am a U.S. Citizen or Resident Alien.
Residence Address <i>(required if different from mailing address)</i>	City	State	Zip
Email Address	Home Phone	<input type="checkbox"/> Landline <input type="checkbox"/> Wireless	Cell Phone
Place of Birth <i>(City/State)</i>	Mother's Maiden Name	Relationship to Minor	
Employer Name <i>(please indicate if retired or unemployed)</i>	Employer City	Employer State	
ID Type <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID	ID Number	Issuing State/Country	
MINOR MEMBERSHIP ELIGIBILITY <small>Please refer to <a href="http://wingsfinancial.com/membership">wingsfinancial.com/membership</a> for eligibility information.</small>			
<b>COMMUNITY</b> <input type="checkbox"/> The Minor lives or works in an eligible county.  <input type="checkbox"/> The minor lives or works in the Seattle/Tacoma metro area.	<b>FAMILY MEMBERSHIP</b> <input type="checkbox"/> The Minor is an immediate family member of an eligible individual.  <b>EMPLOYER</b> <input type="checkbox"/> The Minor is an employee of a qualified employer.	<b>AIR TRANSPORTATION</b> <input type="checkbox"/> The Minor is an air transportation employee.  <b>WINGS FINANCIAL FOUNDATION</b> <input type="checkbox"/> The Minor would like to become a foundation member. <i>(\$5 donation required)</i>	
SUCCESSOR CUSTODIAN INFORMATION			
Successor Custodian Name	U.S. Tax Identification Number		
Date of Birth	Relationship to Minor		

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**CONSENT TO CONTACT WIRELESS TELEPHONE**

**Members of Wings Financial 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 Financial 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.**

Please Initial: \_\_\_\_\_ Custodian Consent

**CERTIFICATION OF TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING**

By signing below, I certify under penalty of perjury that the minor listed on the account is a U.S. person (including resident alien) and the U.S. Tax Identification Number shown is their correct identification number and that they are NOT subject to backup withholding. 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**

X

**AGREEMENT & SIGNATURE**

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 Financial Credit Union 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 Financial Credit Union 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.

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

**Signature of Custodian**

**Date**

X

CU USE:

Opened/Modified by # \_\_\_\_\_ Date \_\_\_\_\_ SV# \_\_\_\_\_ CK # \_\_\_\_\_ Other # \_\_\_\_\_

(M)  Chexsystems  Experian

(C)  Chexsystems  Experian  ID  Junior JetSaver Flag (minors under 12 only)