



CUSTODIAL SHARE ACCOUNT AGREEMENT (UNIFORM TRANSFER TO MINOR ACCOUNT)

In order to comply with the USA PATRIOT Act, effective October 01, 2003, Aerospace Federal Credit Union is required to verify the identity of persons opening new accounts or being added as signers to existing accounts with AFCU. Information we are required to obtain include name, mailing and residential address, tax identification number, date of birth and a copy of a government issued photo ID. Additional data including employment or credit history and a credit report from third parties, including credit reporting agencies to verify your identity and eligibility for the account or service you requested. The USA PATRIOT Act requires us to maintain records of your identification verification and periodically review this information as well as all the information in our database for possible illegal and or terrorist activity. Confidentiality of the information obtained by the Credit Union will be maintained as required under the AFCU Privacy Policy of April 1, 2001.

Upon completion, please print and sign (all owners).

**Mail form to:
Aerospace Federal Credit Union
2310 E. El Segundo Blvd.
El Segundo, CA 90245**

Note: For Security purposes this card may not be faxed.

For new membership or to update ownership of an existing account, please include the following additional required items:

- Photo Copy(s) of a Current Government Issued ID (driver's license, state issued ID, US Passport) for ALL owners.
- Check or Money Order for minimum of \$5.00 (new member application only).

If you have further questions or need additional assistance please contact us at: mbrsvcs@aerofcu.org



**AEROSPACE FEDERAL CREDIT UNION
CUSTODIAL SHARE ACCOUNT AGREEMENT (UNIFORM TRANSFER TO MINOR ACT)**

Custodian Name (Account Owner) (Member) _____ Minor's Social Security Number (W-9) Required _____

Minor's Name _____ (Birthdate) _____ Custodian's Relationship to Minor _____

Street Address _____ City, State, Zip _____

My qualification for membership is: (Check One): Aerospace Corp. Military Civil Service Contractor Retiree

Immediate family member of _____ (Name, Relationship - Please Print)

Transferor's Name _____ Credit Union Account Number _____ S.S. Number or Tax I.D. Number _____

TRANSFER UNDER CALIFORNIA UNIFORM TRANSFER TO MINORS ACT

I, _____, Transferor, hereby deliver \$ _____ for credit to the above account owner as Custodian for _____ under the California Uniform Transfers to Minors Act. This transfer of money to the minor named, which transfer shall be deemed to include all dividends and any future additions thereto, is irrevocable and is made in accordance with and to include all the provisions of the said statute of the State as it is now or hereafter may be amended.

DESIGNATION OF SUCCESSOR CUSTODIAN

First Designation: _____ Second Designation: _____
are designated as successor custodians, to serve in the order designated, if I or any successor custodian should be unable to act as custodian because I resign, die, or become legally incapacitated.

Dated: _____ Transferor's Signature _____

By signing the below, the Custodian agrees to the following ("You" means the Credit Union):

1. I agree to the terms and conditions of the front and reverse of this Share Account Agreement and the Credit Union's Truth-in-Savings Disclosure and Agreement, receipt of which is hereby acknowledged;
2. You are not responsible for determining the validity of propriety of any authority, instrument or instructions, whether by Transferor or Custodian except in accordance with the terms of this agreement;
3. Custodian hereby acknowledges receipt of the above-described funds as custodian for the above minor under the California Uniform Transfers to Minors Act.

Dated: _____ Custodian's Signature _____

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

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

PART I. - Taxpayer Identification Number (TIN)

I will enter my TIN in the appropriate box. For individuals, this is my Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see Part I of "Specific Instructions" to Payer's Request for Taxpayer Identification Number and Certification in the Account Agreement and Truth-In-Savings Disclosure. For other entities, it is my Employer Identification Number (EIN). If I do not have a number, see How to get a TIN in "Specific Instructions" Part I.

Taxpayer Identification Number _____ OR _____ Employer Identification Number _____

Note: If the account is in more than one name, see the chart for guidelines on "What Name and Number To Give the Requestor."

PART II. - For U.S. Payee Exempt from Backup Withholding (See "Specific Instructions")

PART III. - Certification

Under the penalties of perjury, I certify that:

1. The number show on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
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 withholdings 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 a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. For real estate transactions, item 2 does not apply. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person. For mortgage interest paid, acquisition or abandonment of secured property, cancellation or debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See "Specific Instructions")

X _____
Signature of U.S. Person _____ Date _____

Teller: _____ Membership Officer: _____ Open: _____ Closed: _____