

TRUST AUTHORIZATION AND AGREEMENT

AEROSPACE FEDERAL CREDIT UNION

[Empty box for Account Information]

Financial Institution

Account Information (optional)

By signing below the undersigned certify and agree that they are the Trustee(s) of the (Trust Name): _____

_____ (referred to as "Trust" in the rest of this document) (dated) _____ The beneficiaries of this Trust are (check one) named in the Trust documentation on file

are as follows: _____

Any Trustee named below is authorized to:

- _____ (1) Exercise all of the powers listed in (2) through (4).
_____ (2) Open any share or deposit account(s) in the name of this Trust including, but not limited to, accounts such as checking, savings or term share certificates.
_____ (3) Endorse checks/share drafts and orders for the payment of money and withdraw funds on deposit with this Financial Institution.
_____ (4) Borrow money on behalf and in the name of this Trust, sign, execute and deliver promissory notes or other evidences of indebtedness.

Any of the Trustee(s) named below are authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on this authorization and agreement subject to any restrictions stated in this authorization and agreement.

The undersigned certify that they have full power and lawful authority to provide this authorization and agreement and agree to the terms and conditions on pages 1 and 2.

Trustee (A) _____ Trustee (B) _____

X _____ Dated _____ X _____ Dated _____

Address _____ Address _____

Phone (w) _____ (h) _____ Phone (w) _____ (h) _____

Social Security Number _____ Social Security Number _____

Birthdate _____ Birthdate _____

The name, address and social security number of all successor trustee(s) are listed below. Trustee(s) affirm that successor trustee(s) is/are bound under the Trust Instrument to serve, and are authorized and fully qualified to act as trustee(s) in the event that all of the trustee(s) named above resign, die, become incapacitated or otherwise become unable to act as trustee(s) of the Trust. This Application and Agreement will not be approved unless successor trustee(s) are designated below.

Successor Trustee (A) _____ Successor Trustee (B) _____

Address _____ Address _____

Phone (w) _____ (h) _____ Phone (w) _____ (h) _____

Social Security Number _____ Social Security Number _____

Birthdate _____ Birthdate _____

FOR FINANCIAL INSTITUTION USE ONLY

Authorization and agreement completed and effective (date) _____

By _____ for the Financial Institution.

The Trustee(s) signing on page 1 agree and acknowledge that:

The Financial Institution is not acting in the capacity of a trustee in connection with the Trust. The Financial Institution has assumed no obligation, other than that imposed by law, to assure the proper application of Trust assets paid or delivered to or upon authorization of the Trustee(s). On request the Financial Institution will be provided with a copy of the Trust documentation and this copy may be retained by the Financial Institution. By retaining this documentation the Financial Institution makes no representation as to the legality of the Trust nor is it assuming any obligation to monitor or enforce the terms of the Trust.

This authorization and agreement shall continue to have effect until express written notice of its rescission or modification has been received and recorded by this Financial Institution. Unless otherwise agreed to in writing, this authorization and agreement will replace any earlier dated authorization and agreement on the date it is completed and effective. All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of this Trust with this Financial Institution prior to the adoption of this authorization are ratified, approved and confirmed by signing this authorization and agreement.

No successor or replacement Trustee of this Trust will be allowed to act on behalf of this trust until a new Trust authorization and agreement is completed and effective. Any replacement or successor Trustee must provide documentation satisfactory to the Financial Institution establishing their authority under the Trust documentation or court order to replace or succeed the Trustee. This may include, but is not limited to, completion of an affidavit, a certified or original copy of the death certificate of the Trustee or applicable court order.

The Trustee(s) agree to indemnify this Financial Institution for any amounts which the Financial Institution expends in any action relating to the disbursement of funds from accounts governed by this Trust to the Trustee(s) or as otherwise directed by the Trustee(s). The Trustee(s) agree to reimburse the Financial Institution for any transfers made at the direction of the Trustee(s), in whatever capacity or name, that are subsequently determined to not have been proper or authorized from accounts governed by this Trust. For purposes of this authorization and agreement, amounts expended include any damages paid or determined to be owing from the Financial Institution to other claimants on funds governed by this Trust, and attorneys' fees and costs as incurred by this Financial Institution in resolving any action regarding the disbursement of funds from accounts governed by this Trust.

Pennsylvania. The designation of a Trustee does not create a power of attorney; therefore, Trustees are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless subject to 20 Pa.C.S.A. through a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Part I.	Taxpayer Identification Number (TIN)
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Enter your TIN in the appropriate box. For individuals, this is your 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 your employer identification number (EIN). If you do not have a number, see How to get a TIN in "Specific Instructions" **Part I**.

<p>Social Security number</p> <p>_____ - ____ - _____</p> <p>OR</p> <p>Employer Identification number</p> <p>___ - _____</p> <p>Part II. For U.S. Payees Exempt From Backup Withholding (see "Specific Instructions")</p>

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

Part III.	Certification
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Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 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 a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholdings, and
- 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 and dividends on your tax return. For real estate transactions, item **2** does not apply. Cross out item **3** and complete a W-8BEN if you are not a U.S. person. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of 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".)

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

Sign Here	Signature of U.S. person <		Date<
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