



Trust and Fiduciary Share Account Signature Card

MEMBER NUMBER: \_\_\_\_\_ ACCOUNT TITLE: \_\_\_\_\_

Table with columns for ACCOUNT # and ACCOUNT TYPE, listing account types like Coogan Account, Estate Account, etc.

Administrator/Conservator/Executor/Guardian/Rep Payee (If Applicable) Administrator/Conservator/Executor/Guardian/Rep Payee Name: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Beneficiary's SSN: \_\_\_\_\_

By signing below, I/we agree to the terms and conditions of this Share Account Signature Card as well as the terms and conditions of the Truth-in-Savings Disclosure and Agreement receipt of which is acknowledged. I/we certify and affirm, that by signing below hereof, that I/we are authorized to establish the account checked above.

Signature (1) \_\_\_\_\_ Date: \_\_\_\_\_

Signature (2) \_\_\_\_\_ Date: \_\_\_\_\_

**LOS ANGELES POLICE FEDERAL CREDIT UNION  
TRUST ACCOUNT INFORMATION SHEET**

**FOR CREDIT UNION USE ONLY**

FIDUCIARY/TRUST TITLE

MEMBER NUMBER

ADMINISTRATOR/CONSERVATOR/EXECUTOR/GUARDIAN/REP PAYEE/TRUSTEE INFORMATION

FULL NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

MAILING ADDRESS

CITY, STATE, ZIP CODE

SOCIAL SECURITY NO.

DATE OF BIRTH

PLACE OF BIRTH

EMAIL ADDRESS

DRIVER'S LICENSE NO.

STATE

ISSUE DATE

EXP DATE

EMPLOYER'S NAME

HOME PHONE

WORK PHONE

CELL PHONE

OCCUPATION

ADMINISTRATOR/CONSERVATOR/EXECUTOR/GUARDIAN/REP PAYEE/TRUSTEE INFORMATION

FULL NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

SOCIAL SECURITY NO.

DATE OF BIRTH

PLACE OF BIRTH

EMAIL ADDRESS

DRIVER'S LICENSE NO.

STATE

ISSUE DATE

EXP DATE

EMPLOYER'S NAME

HOME PHONE

WORK PHONE

CELL PHONE

OCCUPATION

BENEFICIARY INFORMATION

FULL NAME

SOCIAL SECURITY NO.

DATE OF BIRTH

STREET ADDRESS

CITY, STATE, ZIP CODE

SIGNATURE

DATE

SIGNATURE

DATE

**Credit Union Use Only:**

Chexsystems

ODP (A-9 Notice)

OFAC

Eligibility Verified

CIP

Restriction Flag or N/A

Opened By \_\_\_\_\_ Date \_\_\_\_\_

Membership Officer Approval \_\_\_\_\_