

BURIAL TRUST APPLICATION



Acct # _____
Acct Type _____
Date _____

Trust Name _____

SEFCU USE ONLY	ID Type Number	Issued	Expires	Mbr Group Code	Member Eligibility	SSN State	Operator	ChexSystems Results
_____	_____	_____	_____	_____	_____	_____	_____	_____

1. Beneficiary's Name _____ 3. Beneficiary's Date of Birth _____ 5. Business Phone Number _____

2. Beneficiary's Mailing Address _____ 4. Beneficiary's Soc. Sec. # _____ 6. Home Phone Number _____

I/We hereby request that SEFCU establish an "In Trust For" account on behalf of:

7. Trustee's Name _____ 8. Trustee's Social Security Number _____ 9. Trustee's Date of Birth _____

10. Trustee's Address _____ 11. Occupation _____ 12. Name of Second Trustee _____

13. I/We authorize SEFCU to establish or add the following accounts / services:

<input type="checkbox"/> Checking	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Online Access	<input type="checkbox"/> DIAL
<input type="checkbox"/> Preferred Savings	<input type="checkbox"/> Owner's Choice	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

THE TRUSTEE(S) HAVE PROVIDED THE CREDIT UNION WITH A COPY OF THE BURIAL TRUST AGREEMENT WHICH SETS FORTH THE PURPOSE, TERM, AND CONDITIONS OF THE TRUST, AND WHICH IS ATTACHED AND INCORPORATED AS PART OF THIS APPLICATION.

I/WE AGREE TO ABIDE BY THE BY-LAWS OF THE CREDIT UNION AND TO STRICTLY OBSERVE THE TERMS OF THE TRUST. UNDER NO CIRCUMSTANCES WILL THE TRUST FUNDS BE PLEDGED FOR LOANS FOR THE PERSONAL USE OF THE TRUSTEE(S) OR USED IN ANY MANNER NOT IN THE STRICT ACCORDANCE WITH THE TERMS OF THE TRUST. I/WE UNDERSTAND THAT THE CREDIT UNION HAS NO RESPONSIBILITY CONCERNING USE OF THE FUNDS WITHDRAWN FROM THE ACCOUNT BY THE TRUSTEE(S).

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify that: (1) The number shown on the form is my correct taxpayer identification number. And (2) I am not subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Signature Of Trustee

X

Signature Of Trustee

X

Membership Officer

X

State of New York
County of _____

On this _____ of _____, _____, before me personally came _____ known to me to be the individual(s) described in and who executed this instrument, and he/she duly acknowledged to me that he/she executed same.

Notary Public

*If applying by mail, this form must be witnessed by a Notary Public and forwarded, along with a valid driver's license, to SEFCU, P.O. Box 12189, Albany, NY 12212-2189.

Federally insured by NCUA

Merger Notice and Addendum

As of August 1, 2022, Capital Communications FCU (CAP COM) and State Employees FCU (SEFCU) officially merged to become one new credit union, **Broadview Federal Credit Union**. “CAP COM,” “Capital Communications Federal Credit Union,” “SEFCU,” and “State Employees Federal Credit Union” are now considered our “Legacy Names.”

While we update everything to reflect Broadview Federal Credit Union, we will temporarily operate in some instances under our Legacy Names and you may see “CAP COM, a division of Broadview Federal Credit Union” and “SEFCU, a division of Broadview Federal Credit Union.”

No matter what name you see on signage, in documents, etc., we have officially become one legal entity, and are now Broadview Federal Credit Union.

As a member, you will see certain documents labeled with the Legacy Names however, you are doing business with one credit union, Broadview Federal Credit Union.

For example, you shall consider any reference to “SEFCU” or “CAP COM” in your account opening documents, deposit requests, or existing loan documents to be replaced with “Broadview FCU” wherever it appears therein. Similarly, applications for new deposit accounts or consumer loans may reference the Legacy Names CAP COM or SEFCU, but your obligation is with Broadview Federal Credit Union.

With regard to deposit insurance, if you have funds on deposit at both CAP COM and SEFCU, as of February 1, 2023, those deposits shall be combined to determine your maximum deposit insurance coverage.

By proceeding, I affirm I have read and understood the above notice and acknowledge this notice shall constitute an addendum to my loan documents with SEFCU or CAP COM, as applicable.

[Member Signature]

Date

[Member Signature]

Date

[Member Signature]

Date

Broadview Federal Credit Union



Duly Authorized Officer

Date

**THIS ADDENDUM PROVIDES IMPORTANT INFORMATION REGARDING THE CAP COM FCU/SEFCU MERGER
PLEASE RETAIN THIS ADDENDUM WITH YOUR LOAN AGREEMENTS AND DOCUMENTS**