

**IRREVOCABLE TRUST APPLICATION**

Trust Name \_\_\_\_\_



Acct # \_\_\_\_\_

Acct Type \_\_\_\_\_

Date \_\_\_\_\_

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

1. Trustee's Name \_\_\_\_\_ 3. Trustee's Date of Birth \_\_\_\_\_ 5. Business Phone Number \_\_\_\_\_

2. Trustee's Mailing Address \_\_\_\_\_ 4. Trustee's Soc. Sec. # \_\_\_\_\_ 6. Home Phone Number \_\_\_\_\_

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

7. Beneficiary's Name \_\_\_\_\_ 8. Beneficiary's Social Security Number \_\_\_\_\_ 9. Beneficiary's Date of Birth \_\_\_\_\_

10. Beneficiary's Address \_\_\_\_\_ 11. Beneficiary's Occupation \_\_\_\_\_ 12. Name of Second Beneficiary \_\_\_\_\_

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

Checking SEFCU OnLine	Debit Card Owner's Choice	DIAL	Preferred Savings
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**WITHDRAWALS FROM THE TRUST ACCOUNT MAY BE MADE ON THE WRITTEN REQUEST OF THE TRUSTEE(S). IN THE EVENT OF DEATH OF ONE OR MORE JOINT TRUSTEES, THE SURVIVING TRUSTEE(S) ARE AUTHORIZED TO CARRY OUT THE TERMS OF THE TRUST. IN THE EVENT THAT THE SOLE TRUSTEE OR ALL OF THE NAMED TRUSTEES SHOULD DIE, THE INDIVIDUAL DESIGNATED BY SAID TRUSTEE(S) AS SUCCESSOR TRUSTEE SHALL CARRY OUT THE TERMS OF THIS TRUST.**

**THE TRUSTEE(S) HAVE PROVIDED THE CREDIT UNION WITH A COPY OF THE TRUST AGREEMENT WHICH SETS FORTH THE BENEFICIARY, THE PURPOSES AND TERMS 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 I/WE UNDERSTAND THAT THE CREDIT UNION HAS NO RESPONSIBILITY CONCERNING USE OF THE FUNDS WITHDRAWN FROM THE ACCOUNT BY THE TRUSTEE(S).**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**