



ACCOUNT FOR A REVOCABLE LIVING TRUST

AppleFCU.org

P.O. Box 1200, Fairfax, VA 22038-1200 703-788-4800 Fax: 703-802-4507

Name of Trust	Taxpayer Identification Number for Trust
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I/we, _____, Trustee(s), hereby apply for an account in the Apple Federal Credit Union in the name of the Revocable Living Trust under trust agreement dated _____. Please provide a copy of the Title page(s), page that list Successor Trustee(s) (if applicable), and Signature page(s), of the Trust Agreement.

BY SIGNING BELOW I/WE AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

- Trustee(s) affirms that the authority to establish this account has been granted pursuant to a Revocable Living Trust Agreement.
- Trustee(s) acknowledges that the Credit Union accepts **no fiduciary responsibility** other than as the depository of the funds.
- Trustee(s) agrees that all sums deposited or hereafter added to the account and all dividends paid or credited herein, shall be held by the Trustee(s) for the benefit of the beneficiaries.
- Any Trustee appearing on this account and acting alone or jointly may make withdrawals or pledge any and all shares against loans. In the event of conflicting demands for funds on this account, the Credit Union may require the signatures of all undersigned Trustees. Payment of any share to a Trustee by the Credit Union shall be valid and discharge the Credit Union from any liability for such payment.
- Trustees agree to immediately inform the Credit Union of any changes to the Revocable Living Trust Agreement and will deliver a certified copy and revised agreement to the Credit Union.
- Trustee(s) affirm that all sub-accounts (except IRA accounts) under the designated members numbers will be included in the Revocable Living Trust Agreement.

TRUSTEE#1 INFORMATION:

Name: First		MI	Last	Suffix
Address: Street		City	State	Zip Code
Email Address		Social Security No. (or ITIN)		Date of Birth (MM/DD/YYYY)
ID Type (Driver's License)	ID Description (State)	ID No.	Home Phone No.	
ID Issued By	ID Issuance Date (MM/DD/YYYY)	ID Expiration Date (MM/DD/YYYY)	Mobile Phone No.	

TRUSTEE#2 INFORMATION:

Name: First		MI	Last	Suffix
Address: Street		City	State	Zip Code
Email Address		Social Security No. (or ITIN)		Date of Birth (MM/DD/YYYY)
ID Type (Driver's License)	ID Description (State)	ID No.	Home Phone No.	
ID Issued By	ID Issuance Date (MM/DD/YYYY)	ID Expiration Date (MM/DD/YYYY)	Mobile Phone No.	

I/We hereby certify that the above information, including the terms and conditions set forth herein above in the Account Agreement, is consistent with the terms and conditions set forth in the Revocable Living Trust agreement dated _____. The provisions of this Agreement are consistent with the terms and conditions set forth above and shall remain in full force until notice of any amendments has been received by the Credit Union.

Trustee #1 Signature ▶	Date (MM/DD/YYYY)
Trustee #2 Signature ▶	Date (MM/DD/YYYY)