



Application for Estate or Trust Account

Questions? Call Member Services at 502/968.3681 or 800/626.2870

Information About Estate/Trust

Name of Estate/Trust	<input type="checkbox"/> SSN <input type="checkbox"/> EIN	E-Mail Address
Statement Mailing Address	City	State Zip

Eligibility (Please check one)

<input type="checkbox"/> Community Provide Name of County	<input type="checkbox"/> Household Provide Eligible Member's Account # or Name	<input type="checkbox"/> Family Member Provide Eligible Member's Account # or Name	<input type="checkbox"/> Census Tract Provide Census Tract #
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Information About Responsible Individual/Trustee

First Name	Middle Name	Last Name	Suffix	Birth Date	SSN
Street Address (must have a physical street address)		City	State	Zip	Home Phone (w/area code)
Employed By	Work Phone (w/ area code)	Mother's Maiden Name	E-Mail Address		
ID Type	ID Number	ID Issue Date	ID Expiration Date	Preferred Method of Contact	

Information About Responsible Individual/Trustee

First Name	Middle Name	Last Name	Suffix	Birth Date	SSN
Street Address (must have a physical street address)		City	State	Zip	Home Phone (w/area code)
Employed By	Work Phone (w/ area code)	Mother's Maiden Name	E-Mail Address		
ID Type	ID Number	ID Issue Date	ID Expiration Date	Preferred Method of Contact	

What type of account would you like to open?

- Estate Account
- Trust Account

Please select the share type(s) you would like to open under this account:

- Primary Savings _____
- Checking Type _____
- Waive Overdraft from savings
- Waive Courtesy Overdraft
- Other Savings _____

Would you like a plastic card to manage your account?

- Debit Card ATM Card

I/We request Park Community issue a Debit/ATM card to applicant(s) which includes access to the ATM network currently in effect. I/We also certify that the financial information is true and agree to abide by the term of the plastic card(s) agreement, which is available on the EFT Disclosure.

How would you like to receive your statement?

- eStatements
(primary e-mail address required)
- Mailed Statements
- No Statements

Terms of Agreement

Truth in Savings Act
I/We agree to the terms and conditions of the Membership and Account Agreement Truth in Savings Rate and Fee Schedule and Funds Availability Policy Disclosures, if applicable, and to any amendment you make from time to time which is incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested. I/We also agree to maintain a minimum balance of \$5.00 in a share account to continue membership with Park Community.

Certification of Taxpayer Identification Number and Backup Withholdings
Under penalties or perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number, 2. I am not subject to backup withholdings 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 withholdings 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 withholding, and 3. I am a US citizen or other US person.

USA Patriot Act
Federal Law requires all financial institution to obtain, verify and record information that identifies each person who open an account or creates a new member relationship as follows: name, address, birth date and other information that help us identify you. Applicants must provide two from of ID. One must be an unexpired government issued identification evidencing nationality or residence and bearing a photograph or similar safeguard: driver's license, state picture ID, passport or alien identification card. Second identification may include

military ID, employee ID, student ID, voter registration card, paycheck stub, public assistance card, Medicare/Medical card or insurance card.
I/We also agree to allow the Credit Union to obtain credit report in connection with application. If you request, the Credit Union will provide the name and address of any credit bureau from which it received your credit report. I understand that Park Community may close my account(s) for cause. I have read and fully understand the terms of this agreement.

Responsible Individual/Trustee	Date
Responsible Individual/Trustee	Date

FOR OFFICE USE ONLY

Member #		Applicant		Score		Additional Information		Override
Opening Teller #		Signer 1				Check Holds/Restrict Shared Branch	<input type="checkbox"/>	
Opening Rep Name		Signer 2				Non-qualifying Score For Selected Checking Acct	<input type="checkbox"/>	
						Modifying Credit Score	<input type="checkbox"/>	

Opening Rep Signature- _____