



# Custodial Application

Please complete/sign application and mail or fax to:

Mailing Address | Quorum Federal Credit Union, Attention: Operations, 2 Manhattanville Rd., Ste 401, Purchase, NY 10577

Fax Number | 914.641.3730, Attention: Operations

If you have questions or need assistance, please call (800) 874-5544, Monday through Friday, 8:30 a.m. - 7:00 p.m. ET.

**Please Note: The minor's parent/stepparent, grandparent/stepgrandparent, sibling/step sibling, legal guardian or household member must be a current member in order for the minor to be eligible for Quorum membership.**

Minor's Information				
LAST NAME	FIRST NAME	MI	DOB (mm/dd/yy)	SOCIAL SECURITY OR TAX ID #
RELATIVE/HOUSEHOLD MEMBER OF (member name)		RELATIONSHIP		ZIP CODE OF RELATIVE

Custodian Information				
LAST NAME	FIRST NAME	MI	DOB (mm/dd/yy)	SOCIAL SECURITY OR TAX ID #
LEGAL ADDRESS	CITY, STATE, ZIP	HOME PHONE		BUSINESS PHONE
MAILING ADDRESS (if different from above)	CITY, STATE, ZIP	ACCOUNT PASSWORD		MINOR'S RELATIONSHIP TO CUSTODIAN

I hereby apply to Quorum Federal Credit Union for a Custodial account under New York's Uniform Transfers to Minors Act for the benefit of the above-named minor. I agree to conform to the Credit Union's bylaws and regulations. By submitting this application I certify under penalties of perjury: (1) the Social Security or Tax Identification number on my application is correct; (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding due to failure to report interest or dividend income, or the IRS has notified me that I am no longer subject to backup withholding; (3) I am a US person (including a US resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

\_\_\_\_\_  
Custodian's Signature (The Custodian must be a member of Quorum Federal Credit Union)

\_\_\_\_\_  
Date

Designation of Successor Custodian	
I hereby designate (print full name): _____ to succeed me as custodian of this account in the event that I resign custodianship, die or become legally incapacitated.	
Custodian Signature: _____	
Successor Custodian Signature: _____	
Successor Custodian Social Security Number: _____	
Successor Custodian's Relationship to Minor: _____ (Only an adult member of the minor's family or legally appointed guardian is eligible to become a successor custodian.)	

Funding Options	
The key to enjoying lifetime membership at the Credit Union is having the required \$25.00 minimum balance in your Basic Savings (core) account. This is not a fee—if at any point you decide to cancel your membership, your \$25 will go with you. To fund your account, please select one of the two options below:	
<input type="checkbox"/> I would like to transfer the initial deposit from my account:	
Account Number: _____ Suffix: _____ Amount: \$ _____	
<input type="checkbox"/> Enclosed is a personal check or money order for the initial deposit.	

To comply with the USA Patriot Act, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth and Social Security or Tax Identification number. We may also ask to see your driver's license or other documents that will allow us to identify you.

QUORUM FCU STAFF ONLY						
CUST.	ID TYPE	ISSUE STATE	ID#	ISSUE DATE	EXP DATE	3RD PARTY PROVIDER NAME/RESULT
	ID TYPE	ISSUE STATE	ID#	ISSUE DATE	EXP DATE	3RD PARTY PROVIDER NAME/RESULT
MINOR	ACCOUNT NUMBER	OPEN DATE	REPRESENTATIVE NAME		EMPLOYEE INITIALS	LOCATION CODE