

NEW ACCT NO: _____
DATE ENROLLED: _____
BRANCH CODE: _____
INITIALS OF REP: _____

UNIFORM TRANSFER TO MINOR ACCOUNT MEMBERSHIP APPLICATION

PLEASE PRINT

CUSTODIAN

Your Acc No. at RFCU

Last Name, First M.I.

Street Address Apt

City, State, Zip How Many Years/Mos.

Date of Birth Social Security Number

Mother's Maiden Name California ID/DL Number

() _____ - _____ Home Phone

() _____ - _____ Mobile Phone

() _____ - _____ Work Phone

Employer Name

Street Address Your Occupation

City, State, Zip How Many Years/Mos.

RELATIVE WHO WILL ALWAYS KNOW YOUR WHEREABOUTS

Last Name, First M.I.

Street Address Home Phone

City, State, Zip How Are They Related

X _____
Custodian Signature
[] Copy of Current Calif. DL/Calif. ID Card
[] Family Referral

Family Member Name & Acct. No. Who Referred

X _____
Signature of Referring Member

How Are You Related to the Custodian Member

MINOR

How is the Minor related to the Custodian

Last Name, First M.I.

Street Address Apt

City, State, Zip How Many Years/Mos.

Mother's Maiden Name

Date of Birth Social Security Number

() _____ - _____ Home Phone

**RELATIVE WHO WILL ALWAYS KNOW MINOR WHEREABOUTS
SOMEONE OTHER THAN CUSTODIAN**

Last Name, First M.I.

Street Address Apt

City, State, Zip How They Are Related

() _____ - _____ Home Phone

(FOR OFFICE USE ONLY)

_____ both cards attached

_____ acct type 47

_____ "CUST" in title

_____ warning code

_____ expiration date comment

_____ accts tied in

_____ ss# override

Downey Main Office
(562) 803-6401 x 8000

Buena Park
(562) 803-6401 x 8103

Claremont
(562) 803-6401 x 8104

Mailing Address – Post Office Box 2728 Downey, California 90242
FAX : (562) 803-4461 • www.ranchofcu.org

RANCHO FEDERAL CREDIT UNION
CUSTODIAL SHARE ACCOUNT AGREEMENT (UNIFORM TRANSFER TO MINOR ACT)

Custodian Name (Account Owner) (Member)

Minor's Social Security Number (W-9) Required

Minor's Name

(Birthdate)

Custodian's Relationship to Minor

Street Address

City, State, Zip

My qualification for Membership is (check one)

By Sponsoring Organization

By Immediate family member of _____

(Name, Relationship - please print)

Transferor's Name

Credit Union Account Number

S.S. Number or Tax I.D. Number

TRANSFER UNDER CALIFORNIA UNIFORM TRANSFER TO MINORS ACT

I, _____, Transferor,
hereby deliver \$ _____ for credit to the above account owner as Custodian for
_____ under the California Uniform Transfers to Minors Act. This transfer of money to the minor named, which transfer shall be deemed to include all dividends and any future additions thereto, is irrevocable and is made in accordance with and to include all the provisions of the said statute of the State as it is now or hereafter may be amended.

DESIGNATION OF SUCCESSOR CUSTODIAN

First Designation: _____

Second Designation: _____
are designated as successor custodians, to serve in the order designated, if I or any successor custodian should be unable to act as custodian because I resign, die, or become legally incapacitated.

Dated: _____ Transferor's Signature _____

By signing the below, the Custodian agrees to the following ("You" means the Credit Union):

1. I agree to the terms and conditions of the front and reverse of this Share Account Agreement and the Credit Union's Truth-in-Savings Disclosure and Agreements, receipt of which is hereby acknowledged;
2. You are not responsible for determining the validity of propriety or any authority, instrument or instructions, whether by Transferor or Custodian except in accordance with the terms of this agreement;
3. Custodian hereby acknowledges receipt of the above-described funds as custodian for the above minor under the California Uniform Transfers to Minors Act.

Dated: _____ Custodian's Signature _____

Custodian Name (Account Owner) (Member) - Please Print	Account Number
--------------------------------------------------------	----------------

INSTRUCTIONS:

1. Request for Taxpayer Identification Number: Please complete PART I of this section carefully. You must provide us with both your correct name and Taxpayer Identification Number as they appear on file with the Social Security Administration for the minor named on the reverse.
2. **CERTIFICATION INSTRUCTIONS.** You must line out item (2) in the **certification** below if you have been notified by IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not line out item (2).
3. Please be sure to complete the membership qualification section on the reverse side.
4. If you would like a joint account, all parties must sign where indicated on the reverse of the card.
5. You agree that the TIN you provide below will be deemed by the Credit Union to be the TIN for any and all account's maintained by us in your custodial capacity for the named minor.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

PART I. - Taxpayer Identification Number (TIN)

I will enter my TIN in the appropriate box. For individuals, this is my Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see Part I of "Specific Instructions" to Payer's Request for Taxpayer Identification Number and Certification in the Account Agreement and Truth-In-Savings Disclosure. For other entities, it is my Employer Identification Number (EIN). If I do not have a number, see How to get a TIN in "Specific Instructions" Part I.

Taxpayer Identification Number	OR	Employer Identification Number
--------------------------------	-----------	--------------------------------

Note: If the account is in more than one name, see the chart for guidelines on "What Name and Number To Give the Requestor."

PART II. - For U.S. Payee Exempt from Backup Withholding
(See "Specific Instructions")

PART III. - Certification

Under the penalties of perjury, I certify that:

1. The number show on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding 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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholdings, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. For real estate transactions, item 2 does not apply. Cross out item 3 and complete a W-8 BEN if you are not a U.S person. For mortgage interest paid, acquisition or abandonment of secured property, cancellation or debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See "Specific Instructions")

X _____ Date _____
Signature of U.S. Person

Teller: _____ Membership Officer: _____ Open: _____ Closed: _____

UNIFORM TRANSFER TO MINOR SIGNATURE CARD