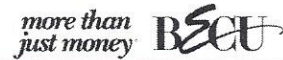


Fiduciary Account Application



Welcome to Boeing Employees' Credit Union (BECU)! Please complete, sign, and return this form to apply for membership or change information on your current account. Please complete the form in ink. If you have any questions contact a BECU representative at 206-439-5700, or outside Seattle 1-800-233-2328.

New Account **Close Account** _____ **Change the following Account(s):** _____

1. Account Information

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: Federal law requires all financial institutions to help the government fight the funding of terrorism and money laundering activities by obtaining, verifying, and recording information that identifies each person who opens an account. What this means to you: When you open an account we ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

PRIMARY MEMBER NAME/ACCOUNT TITLE		SOCIAL SECURITY NUMBER/EMPLOYER IDENTIFICATION NUMBER													
		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>													
HOME PHONE	WORK PHONE	CELLULAR PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME											
STREET ADDRESS (REQUIRED)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY											
MAILING ADDRESS IF DIFFERENT FROM ABOVE	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY											
EMAIL ADDRESS	VALID PICTURE ID #	ID TYPE	DATE ISSUED	EXPIRATION DATE	STATE&COUNTRY ISSUED										
MEMBER ELIGIBILITY															

2. Account Type

- UTMA** - Established by custodian for the minor, named as the Primary Member, under the Washington Uniform Transfer to Minor Act.
- Club/Association Account** - Please provide copy of formation documents.
- Benevolent Account** - Established by Administrator and owned by the beneficiary.
- Estate Account** - Established by Personal Representative or Executor of Estate.
 - Employer Identification Number (EIN)
 - Death Certificate
 - Letters of Testamentary
- Revocable Living Trust Account** - Established by Trustee.
 - Certification of Trust
- Irrevocable Trust Account** - Established by Trustee.
 - Certification of Trust
- Representative Payee Account** - Established by Representative Payee and owned by Social Security Administration's benefit recipient.
 - Social Security Administration documents
- Guardianship Account** - Established by Guardian and owned by the Ward.
 - Member Experience Help Desk Review prior to account opening
 - Letters of Guardianship
 - Court Order Appointing Guardian
 - BECU form of Guardian Instructions & Affidavit
 - Does the Court Order instruct account funds to be blocked?
 - No
 - Yes, collect blocked account required documents below.
- Blocked Account** - Established pursuant to court order.
 - Member Experience Help Desk Review prior to account opening
 - Must provide court order documents indicating the blocked requirement.
 - Must provide Receipt of Funds court document to be signed by BECU upon receiving opening deposit (opening deposit must be for the exact amount as indicated on the Receipt of Funds).

3. Person Establishing Account

Person Establishing Account (1)	PRINT NAME (1) <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> RETAIN		TITLE		EMAIL ADDRESS	
	SSN/TIN	HOME PHONE ()	DATE OF BIRTH		MOTHER'S MAIDEN NAME	
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE	
	STREET ADDRESS (REQUIRED)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	
	PRINT NAME (2) <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> RETAIN		TITLE		EMAIL ADDRESS	
Person Establishing Account (2)	SSN/TIN	HOME PHONE ()	DATE OF BIRTH		MOTHER'S MAIDEN NAME	
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE	
	STREET ADDRESS (REQUIRED)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	

4. Successor Custodian/Successor Trustee

Successor Custodian Trustee (1)	PRINT NAME (1) <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> RETAIN		SSN/TIN	CONTACT PHONE ()	DATE OF BIRTH
	STREET ADDRESS (REQUIRED)		CITY	STATE/PROVINCE	ZIP/POSTAL CODE
Successor Custodian Trustee (2)	PRINT NAME (2) <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> RETAIN		SSN/TIN	CONTACT PHONE ()	DATE OF BIRTH
	STREET ADDRESS (REQUIRED)		CITY	STATE/PROVINCE	ZIP/POSTAL CODE

5. Beneficiaries Allowed for Trust Accounts Only - No other fiduciary account may designate beneficiaries

Beneficiary (1)	PRINT NAME (1) <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> RETAIN		SSN/TIN	CONTACT PHONE ()	DATE OF BIRTH
	STREET ADDRESS (REQUIRED)		CITY	STATE/PROVINCE	ZIP/POSTAL CODE
Beneficiary (2)	PRINT NAME (2) <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> RETAIN		SSN/TIN	CONTACT PHONE ()	DATE OF BIRTH
	STREET ADDRESS (REQUIRED)		CITY	STATE/PROVINCE	ZIP/POSTAL CODE