

# Member Service Agreement for a Fiduciary

Part 1



800.444.6327  
nuvisionfederal.com

Member Number \_\_\_\_\_ Primary Owner/SSA Beneficiary Name \_\_\_\_\_ O/CIA \_\_\_\_\_ Date \_\_\_\_\_

**PRIMARY OWNER/SSA BENEFICIARY** 1a

Name Used to Report Dividends/Interest \_\_\_\_\_ SSN or EIN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Fiduciary Below \_\_\_\_\_ Distribution Age \_\_\_\_\_

**FIDUCIARY INFORMATION** (Custodian, Rep Payee, Conservator or Other Fiduciary) 1b

Fiduciary Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mailing Address (if different from physical address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Member Number \_\_\_\_\_ ID Type \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_ Occupation/Profession \_\_\_\_\_ Chex Systems ID \_\_\_\_\_

Fiduciary Role/Relationship to Primary Owner \_\_\_\_\_ Explanation (Optional) \_\_\_\_\_

**SUCCESSOR-CUSTODIAN NOTATION** (Use for UTMA accounts only.) 2

Successor-Custodian Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Social Security No. (if available) \_\_\_\_\_ Fiduciary Role/Relationship to Name for SSN/EIN Reporting \_\_\_\_\_

**ACCOUNT(S)** 3

**SERVICE(S)** 4

Debit/ATM Card: Debit Cards issued to accounts with both checking & savings. ATM cards issued to accounts with savings only.

OD Transfer (in order): 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

**TAX INFORMATION CERTIFICATION** By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding  Exempt  I am not a United States citizen or resident (complete W-8 form)

**ACKNOWLEDGMENT** Fiduciary is, applies to be or represents a member of Nuvision Federal Credit Union (“we”, “us” & “our”), or is authorized to take action, according to our Member Service Agreement (the MSA Parts 1 & 2). All fiduciaries (“you” & “your”) request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Charges disclosures, and which, along with our records, comprise the terms of the MSA. Part 2 has been emailed to Fiduciary 1’s address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You also understand a fiduciary may conduct transactions on and take action to start, maintain, change, add or terminate accounts, products and services, as addressed in Part 2 of the MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. You acknowledge that you have started the account(s), product(s) and/or service(s) to hold the funds of another person (a child, minor, Social Security Beneficiary, VA Beneficiary, tenant, ward, other protected person or a decedent) or fund as a relative, custodian, representative payee, VA fiduciary, landlord, guardian, conservator, estate representative, representative of a fund or other fiduciary. You further understand that though dividends/interest paid to the account are/is reported under the person’s/estate’s/fund’s name and Social Security Number/Employer Identification Number, you are the fiduciary who may take actions and conduct transactions on the account(s) on behalf of this person, estate or fund. If you place a successor on an account to claim the funds in the event the fiduciary(ies) can no longer act for the person, estate or fund whose name the dividends/interest are/is reported in, a successor may claim the funds in the account upon providing proof satisfactory to us of his, her or their authority and succession to act on behalf of the person, estate or fund. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, using any account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding (in Section 5 above).

Fiduciary Signature \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Branch Name _____ Employee # _____ Date _____ Field of Membership _____ Approved by _____ Date Approved _____
	O/CIA _____ <input type="checkbox"/>