

# CUSTODIAN

Print the **custodian's** information on this form. Enter the **primary member's** information on the main application.  
For custodian accounts, **the beneficiary, minor, or principal is the PRIMARY MEMBER.** All parties must sign and date the main application. Deposits to an UTMA/UGMA (Uniform Transfers/Uniform Gifts To Minors) custodian account are irrevocable. The funds belong to the minor, but are controlled by the custodian until the minor reaches at least 18 years of age.

Specify Type of Custodian Account (Guardian, UTMA/UGMA, etc.): \_\_\_\_\_

Name _____ <small>(First) (Middle) (Last) (Print)</small>	Date of Birth _____	
SSN/ITIN _____	Relationship to Member _____	Beneficiary's Mother's Maiden Name _____
Street Address _____ <small>(City &amp; State) (Zip Code)</small>		
Driver License Number _____	State _____	Email Address _____
Phone <small>(home)</small> _____	<small>(work)</small> _____	<small>(mobile)</small> _____
Primary Member's Name _____		

# POD TRUST ACCOUNT (Payable on Death)

Print the **beneficiary's** information on this form. Enter the **primary member's** information on the main application.

**N.C. General Statute 53-146.2** I (or we) understand that by establishing a trust account under the provisions of North Carolina General Statute 53-146.2 that (1) during my/our lifetime I (or we) may withdraw the money in the account; and (2) by written direction to the Credit Union I (or we) may change the designated beneficiary; and (3) upon my/our death the money remaining in the account will belong to the beneficiary(ies) and the money will not be inherited by my heirs or be controlled by my will.

**Claiming multiple beneficiaries and/or account holders is permitted. All parties must sign the main application.**

Name _____ <small>(First) (Middle) (Last) (Print)</small>	Date of Birth _____	
SSN/ITIN _____	Relationship to Member _____	Beneficiary's Mother's Maiden Name _____
Street Address _____ <small>(City &amp; State) (Zip Code)</small>		
Driver License Number _____	State _____	Email Address _____
Phone <small>(home)</small> _____	<small>(work)</small> _____	<small>(mobile)</small> _____
Indicate which deposit account(s) will be held in POD Trust: <input type="checkbox"/> All, or only the following _____		
Primary Member's Name _____		

Name _____ <small>(First) (Middle) (Last) (Print)</small>	Date of Birth _____	
SSN/ITIN _____	Relationship to Member _____	Beneficiary's Mother's Maiden Name _____
Street Address _____ <small>(City &amp; State) (Zip Code)</small>		
Driver License Number _____	State _____	Email Address _____
Phone <small>(home)</small> _____	<small>(work)</small> _____	<small>(mobile)</small> _____
Indicate which deposit account(s) will be held in POD Trust: <input type="checkbox"/> All, or only the following _____		
Primary Member's Name _____		