

SECTION G: Change/Delete Custodian on Uniform Transfer to Minor Account (Custodian must sign below.)

I, _____, custodian on account # _____ wish to remove my name as
CUSTODIAN NAME
custodian. In doing so, I release all interest in this account. I agree to indemnify the credit union for any actions resulting from the removal of my name.

I, _____, custodian on account # _____ wish to remove my name
CUSTODIAN NAME
as custodian, release all interest in this account, and assign a new custodian.

NEW CUSTODIAN NAME _____ RELATIONSHIP TO CHILD _____ COMPLETE CUSTODIAN ADDRESS (IF DIFFERENT FROM CHILD) _____

SECTION H: Beneficiary / Payable of Death (POD) Information

POD Payee: _____ Home Phone _____
Street _____ Relationship _____
City/State/Zip _____ % of Funds _____
Social Security # _____ Date of Birth _____

POD Payee: _____ Home Phone _____
Street _____ Relationship _____
City/State/Zip _____ % of Funds _____
Social Security # _____ Date of Birth _____

SECTION I: IMPORTANT INFORMATION ABOUT PROCEDURES TO OPEN A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means to you: When you open an account, we will ask 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.

SECTION J: Your Signature is Required

Any amendments to the ownership of this account must be accompanied by the signatures of ALL current owners of this account. Everything I/we have stated in this application is true and correct to the best of my/our knowledge. I/We understand that Wakota Federal Credit Union will retain this application whether or not it is approved. Wakota Federal Credit Union is authorized to check my/our credit and to answer questions about its credit experience with me/us. I/We further agree to the terms and conditions of the Wakota FCU accounts that I/we hereby apply for. These terms and conditions are set forth in the accompanying documents which I/we received at the time of application.

MEMBER'S SIGNATURE _____ DATE _____

JOINT OWNER'S SIGNATURE _____ DATE _____

JOINT OWNER'S SIGNATURE _____ DATE _____

ANY FAX TRANSMISSION OF YOUR SIGNATURE MAY BE HELD EQUALLY ENFORCEABLE AS YOUR GENUINE SIGNATURE.

FOR CREDIT UNION USE ONLY

Date of Change _____ Opened / Approved by: _____

_____ Identification Verified _____ Credit Report (if applicable) _____ OFAC _____ Check Systems Information

Additional comments: