



BRAINTREE BRANCH & OPERATIONS CENTER  
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www.LBCU.org

# TOTTEN TRUST APPLICATION



## Membership Eligibility *(you must select one)*

I am currently a member.  
My member number is: \_\_\_\_\_

I live, work or attend school in Suffolk, Norfolk or an eligible municipality\* within Plymouth or Middlesex county.

My immediate family member\*\* is a member of Liberty Bay Credit Union.  
Member Name: \_\_\_\_\_

I work for an eligible Select Employee Group (SEG)\*.  
Company Name: \_\_\_\_\_

*\*For a list of eligible municipalities or eligible SEGs, please visit the Membership Eligibility page on www.LibertyBayCU.org or ask any of our member service representatives.*

*\*\*Immediate family members include: a spouse, parent, grandparent, step-parent, child, grandchild, step-child, brother, sister, step-brother, step-sister, half-brother, half-sister, brother-in-law, sister-in-law, mother-in-law, father-in-law, aunt, uncle, niece, nephew and cousin.*

## How did you hear about Liberty Bay?

Newspaper  Radio  Mail  Internet  
 Friend or Family  TV  Liberty Bay Associate  
 Other: \_\_\_\_\_

## Accounts Requested

Savings with MoneyLine & Online Banking  
 Premier Checking  Free Benefits Checking  
 Other: \_\_\_\_\_

## Convenience Banking *(check all that apply)*

ATM/Debit MasterCard®  
 Me  My Co-Trustee  
 Checks

## Trustee Information

Trustee Name: \_\_\_\_\_  
Trustee For: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_  
SSN#: \_\_\_\_\_  
Trustee Date of Birth: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Type ID & #: \_\_\_\_\_  
Issue/Exp. Date: \_\_\_\_\_  
State of Issue: \_\_\_\_\_  
Occupation: \_\_\_\_\_

## Co-Trustee Information *(if applicable)*

Co-Trustee Name: \_\_\_\_\_  
Trustee For: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_  
SSN#: \_\_\_\_\_  
Trustee Date of Birth: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Type ID & #: \_\_\_\_\_  
Issue/Exp. Date: \_\_\_\_\_  
State of Issue: \_\_\_\_\_  
Occupation: \_\_\_\_\_

## Beneficiary Information

Name: \_\_\_\_\_  
Relationship to Trustee: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_  
SSN#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_

## Important Information About Procedures for Opening a New Account:

To help the government fight the funding of Terrorism and money laundering activities, Federal Law requires us to obtain, verify and record information that identifies each person who opens an account. What this means for 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 will ask to see your driver's license or other identifying documents. To open your membership by mail, we will need a legible, **notarized copy** of a non-expired driver's license (or state or Federal ID card with a picture and signature on it) for **all owners** of the account.

## The Member and any Joint Owner each acknowledge the following:

I have read and understand the following: Under the penalties of perjury, I certify (1) that the Social Security Number shown above is my Taxpayer Identification Number and (2) that I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of failure to report all interest and dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding and (3) I am a U.S. person (including a U.S. resident alien). (You should cross out item (2) above if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.) Joint Account Payable to the Survivor(s). If this is also an application for membership, I/We also acknowledge the following: I/We hereby apply for membership at Liberty Bay Credit Union and agree to comply with Liberty Bay Credit Union's bylaws and any rules and regulations applicable to the accounts and services I/We request, as in effect from time to time. I/We understand that Liberty Bay Credit Union will send me/us a copy of its current Combined Disclosure, which includes a Share Account Disclosure, Truth-In-Savings Disclosure, Funds Availability Policy, and Electronic Funds Transfer and Cardholder Agreement upon receipt of this application. You are authorized to check my/our credit and employment history.

*THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.*

Trustee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Trustee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR DEPOSITORY INSTITUTION USE ONLY *Information Verification: Employee Name and Date*

I certify that I checked the identification listed with respect to each person named.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I certify that I have checked all government issued lists of terrorists or terrorist organizations required by law (e.g., OFAC list) and that

I did  I did not

find any matches with the above name(s).

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Disclosure  Date: \_\_\_\_\_

Member Number Assigned: \_\_\_\_\_