



UNIFORM TRANSFER TO MINOR APPLICATION

Member # _____

A \$5 minimum deposit is required with this completed form and a **photocopy of your driver's license or picture ID** (signed) to open a new membership account. When opening a checking account, be sure to include a **deposit of at least \$25** when you return this completed application.

Section A: Type of Account

Share Savings Account Free Checking Automatic Savings Club Savings Debit Card Money Market Savings Youth Certificate

Section B: Minor's Information

Name (Last, First, M.I.)	Social Security #	Date of Birth	
Home Address (No P.O. Boxes)	City	State	Zip
Home Phone	Mother's Maiden Name		

Section C: Custodian's Information

Name (Last, First, M.I.)	Social Security #	Date of Birth	
Home Address (No P.O. Boxes)	City	State	Zip
Driver's License #	Email Address		
Home Phone	Mother's Maiden Name		
Employer	Job Title	Business Phone	Date of Hire

Section D: UTMA Account

For UTMA (Uniform Transfer to Minor Act) You understand that the gift of money to the Minor named on this application, which gift shall be deemed to include all dividends thereon and any future additions thereto, is irrevocable and is made in accordance with, and is to include all provisions of, the Uniform Transfer to Minor Act (the Act) as it is now and in the future. You further understand that the age of delivery from the Custodian to the Minor will occur upon the minor's age of 18 or 21, under the Act, or pursuant to a court order. **Age to disperse funds** (select one): 18 or 21

Designation of Successor Custodian. **You appoint** _____ (Name of Successor Custodian) as Successor Custodian of the gift property described in the gift transfer above. Such appointment will take effect 1) when and in the event of Your resignation, death, incompetence, or legal incapacitation, and 2) when We deliver said account, together with a true copy of this instrument of designation, into the custody of the Successor Custodian named above. Upon receipt of actual or written notice of such event, You direct Us to make such delivery.

Custodian Signature _____

Section E: Liability Disclaimer Provisions

- Heartland Credit Union has no responsibility as a custodian.
- Heartland Credit Union is not liable for the misapplication of withdrawals or deeming the validity of drafts made by the custodian.
- Heartland Credit Union has no duty to inquire as to the powers and duties of the custodian and shall have no notice of any breach of fiduciary duties by the custodian unless it receives actual notice.
- Heartland Credit Union requires the custodian's signature to transact business.
- The custodian agrees to indemnify and hold Heartland Credit Union harmless from any claim or liability as a result of unauthorized acts of the custodian or former custodian including damages paid or determined to be owing from Heartland Credit Union to other claimants on the account funds and attorney's fees and costs incurred by Heartland Credit Union in resolving any action regarding the disbursement of funds from the account.

IMPORTANT INFORMATION ABOUT PROCEDURE(S) FOR OPENING 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 for You: When You open an Account, We will ask You 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.

REQUIRED SIGNATURES AND AUTHORIZATION

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Under penalties of perjury, You certify that: (1) The number shown on this form is Your correct taxpayer identification number (TIN) (or You are waiting for a number to be issued to You), (2) You are not subject to backup withholding because: (a) You are exempt from backup withholding, or (b) You have not been notified by the Internal Revenue Service that You are subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified You that You are no longer subject to backup withholding, and (3) You are a U.S. person (including a U.S. resident alien). Please consult IRS publication 1679 for additional information about backup withholding and a copy of IRS form W-9.

Certification Instructions - You must cross out item 2 above if You have been notified by the IRS that You are currently subject to backup withholding because of underreporting interest or dividends on Your tax return.

You hereby apply for membership with Heartland Credit Union. You warrant the truth of the information contained in your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility and/or credit worthiness. You hereby authorize Us, our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Heartland Credit Union in effect from time to time. You further acknowledge receiving a copy of the "Account Agreements and Disclosures" and "Fee Schedule" related to Your Account(s) and You agree to be bound by the terms and conditions found therein, including any amendments thereof. If Your application for membership is a joint application, any liability created by the user of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Share Savings Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). If You do request additional services, We will provide You with any applicable disclosures and You agree to be bound by the terms and conditions of such disclosures. Your signature below is Your continuing authorization for Heartland Credit Union to follow Your written or verbal instructions and You agree that Your continuing authorization will remain in effect unless we receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

Custodian Signature _____

Date _____

OFFICE USE ONLY

CUSTODIAN MINOR	ID Verified	OFAC Check	eFunds Check		Teller #	Verified By
				Debit Card NA 1 2 3 4		