





AGREEMENT FOR CUSTODIAL TRUST ACCOUNT (VUTMA) UNDER THE VIRGINIA UNIFORM TRANSFERS TO MINORS ACT

- The Custodian is the administrator of the funds for the Minor.
- The Minor is the individual who will receive the funds once they reach the age of majority.
- The Transferor is the individual giving funds to the minor (if different from the Custodian).

Custodian(s) - Account statements and correspondence will be mailed to the first custodian listed below.

1. **Custodian** Name (First, MI, Last): _____
Date of Birth (MM/DD/YYYY): _____ Full SSN/ITIN: _____ ☐ Check if ITIN
Physical Address: _____
Email: _____ Phone: _____ Occupation: _____
Name & Address of Employer: _____


Signature of Custodian

2. **Custodian** Name (First, MI, Last): _____
Date of Birth (MM/DD/YYYY): _____ Full SSN/ITIN: _____ ☐ Check if ITIN
Physical Address: _____
Email: _____ Phone: _____ Occupation: _____
Name & Address of Employer: _____


Signature of Custodian

Transferor - Do not complete if same as custodian

Transferor Name (First, MI, Last): _____
Date of Birth (MM/DD/YYYY): _____ Full SSN/ITIN: _____ ☐ Check if ITIN
Physical Address: _____
Email: _____ Phone: _____

I, _____, hereby transfer to _____,
(Name of **Transferor** or Name and Representative Capacity if a Fiduciary) (Name of **Custodian**)
as custodian for _____ do hereby establish an account(s) under the Virginia Uniform
(Name of **Minor** - as identified on page 1 of Form 20-VUTMA)

Transfers to Minors Act, with the following sum of money \$_____.

The funds will be payable to the minor at age ☐ 18 or ☐ 21 (Select one). If no choice is made, the funds will be payable at age 18.

I agree to the following additional terms and conditions: This account is subject to provisions of the Virginia Uniform Transfers to Minors Act and any amendments thereto. These funds are for the exclusive benefit of the minor. Funds deposited to this account constitute an irrevocable transfer, are not for my use or benefit, and these funds may not be pledged as security. I agree it shall be my responsibility to deliver or pay to the beneficiary the balance in this account upon the beneficiary reaching the age of majority. If the custodian does not take action and the minor requests access to the funds upon attaining the age of majority, I agree Pentagon Federal Credit Union (PenFed) may pay the entire balance in the account(s) to the minor and will have no further liability. I agree all accounts established pursuant to this Agreement shall be governed by PenFed's specific share account agreements, bylaws, policies and procedures, and other rules and regulations as may affect such agreements, as amended, and then in force.



Signature of Transferor

Date

The **transferor** or **custodian** has the option of designating a **successor custodian** who would assume the responsibilities of custodian upon the custodian's death, legal incapacitation, or resignation; and prior to the minor reaching the age of majority. The person named must be an adult member of the minor's family or a guardian of the minor. If you do not name a successor custodian, or if the successor custodian is unable or unwilling to assume these responsibilities or predeceases you, a successor custodian must be appointed by a court of competent jurisdiction.

SUCCESSOR Custodian Name (First, MI, Last): _____
Date of Birth (MM/DD/YYYY): _____ Full SSN/ITIN: _____ ☐ Check if ITIN
Physical Address: _____
Email: _____ Phone: _____