

Instructions for Establishing a Custodial Trust Account

Page 1: Please consider the following information when completing the Agreement for Custodial Trust Account.

- The Custodian is the administrator of the funds for the Minor.
- The Minor is the individual who will receive the funds once they reach age of majority.
- The Transferor is the individual giving funds to the minor if different from the Custodian.
- The Custodian or Transferor must sign the attached Agreement for Custodial Trust

Page 2 and 3: The Membership Application/Signature Card.

- Section 1 - Please enter the Minor's information in section 1 filling out all categories in their entirety.
- Section 2 - Please list eligibility for either the Custodian or the Minor. If eligibility is through a family member please insure that the individual's social security number is listed.
- Section 4 - The minor should be listed as the "Owner".
The signature for the minor should be completed by the custodian for the Minor.
(I.E. John Q. Custodian for Mary Minor)
The Custodian should be listed as the "Joint Owner"
- Section 5 - This should be endorsed the same way as the owner line in section 4 with the custodian signing for the minor.

** Both the Agreement for Custodial Trust Account and Membership Application/Signature Card must be completed in order to establish the account.*

If applying for a Money Market Certificate, Money Market Savings account, or PenCheck Access account please find the appropriate application under the forms section of www.PenFed.org. When Completing these forms please continue to list the Minor's information in the "Member Owner" section and the Custodian's information in the "Joint Owner" section.

Please call 1-800-247-5626 with any additional questions.

Agreement for Custodial Trust Account Under the Virginia Uniform Transfers to Minors Act

OFFICE USE ONLY:
FILE # _____
ACCT. # _____

I, _____,
(name of transferor or name and representative capacity if a fiduciary)

hereby transfer to _____,
(name of custodian)

as custodian for _____,
(name of minor)

do hereby establish an account(s) under the Virginia Uniform Transfers to Minors Act, with the following sum of money
\$ _____

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

- I agree to these 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. All 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 for any purpose.
 - I agree that it shall be my responsibility to deliver or pay over the beneficiary the balance in this account upon the beneficiary reaching the age of majority. If the custodian does not take to such action and the minor requests access to the funds upon attaining the age of majority, I agree that Pentagon Federal may pay the entire balance in the account(s) to the minor and will have no further liability.
 - I agree that all accounts established pursuant to this Agreement shall be governed by Pentagon Federal's Specific Share Account Agreements, Bylaws, Policies and Procedures, and any other rules and regulations as may affect such Agreements, as amended, and then in force.

Dated: _____
(Signature of Transferor)

PLEASE COMPLETE AND INCLUDE WITH MEMBERSHIP APPLICATION/SIGNATURE CARD SHARE PURCHASE OF \$5.00 OR MORE

TRANSFEROR (Do not complete if same as Custodian)

Name (First, MI, Last) _____/_____/_____ Birth Date MM/DD/YY	Mailing Address _____	(_____) _____ Evening Phone	(_____) _____ Day Phone	- ____ - ____ Social Security No.
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CUSTODIAN(s)* (Do not complete if same as Transferor)

Name (First, MI, Last) _____/_____/_____ Birth Date MM/DD/YY	Mailing Address _____	(_____) _____ Evening Phone	(_____) _____ Day Phone	- ____ - ____ Social Security No.
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Name (First, MI, Last) _____/_____/_____ Birth Date MM/DD/YY	Mailing Address _____	(_____) _____ Evening Phone	(_____) _____ Day Phone	- ____ - ____ Social Security No.
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MINOR

Name (First, MI, Last) _____/_____/_____ Birth Date MM/DD/YY	Mailing Address _____	(_____) _____ Evening Phone	(_____) _____ Day Phone	- ____ - ____ Social Security No.
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***Account Statements and correspondence will be mailed to the first Custodian listed above.**

SUCCESSOR CUSTODIAN: 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.

Name _____ Social Security No. _____ - _____ - _____

Address _____

Evening Phone (_____) _____ Day Phone (_____) _____

OFFICE USE ONLY:

Membership Officer _____ Date _____

Branch # _____ I.D. #/Type _____ Empl. # _____



Pentagon Federal Credit Union

Ad Code _____

Account # _____

File # _____

Membership Application/Signature Card

Complete both sides of form.

1 Name _____
First MI Last

Mailing Address _____
Street (If using a P.O. Box, a physical mailing address must be provided below.)

_____ City State Country ZIP/Postal Code

E-mail Address _____

Physical Address _____

Employer's name _____ Job Title _____

Social Security Number _____ - ____ - ____

Date of Birth (MM/DD/YYYY) ____/____/____

Evening Phone () _____

Day Phone () _____

Fax Number () _____

I would like free e-statements
 I would like to receive paper statements*
 Not employed Student

Eligibility

2 (New members only, please check all that apply)
IMPORTANT: Minimum amount of \$5 is required to open an account check money order (made payable to Pentagon Federal Credit Union)

A U.S. Military/Civil Service Employment (Please check all that apply):

<input type="checkbox"/> Current/Active Duty	}	<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Dept. of Homeland Security	<input type="checkbox"/> DoD	<input type="checkbox"/> Navy	<input type="checkbox"/> USMC	<input type="checkbox"/> NonDoD
<input type="checkbox"/> Reserve or <input type="checkbox"/> National Guard		<input type="checkbox"/> Rank _____	<input type="checkbox"/> Grade _____	(If retired, at time of retirement)					
<input type="checkbox"/> Retired from		Current duty station _____							

B Other / Contractor employment _____

C Eligible through family member / Relative's Name _____ SSN _____
 Relative's Phone Number _____ Relationship _____

D Member of: ASMC NGAUS NMFA ROA SCEA USAWOA USO VFW Other _____ **(over)**

Date Processed _____	OFFICE USE ONLY	Type of ID _____
HOGAN I.D. # _____		ID # _____
Branch Opened # _____		Place of Issuance _____
Membership Officer Verification _____		Date of Issuance _____
Credit Bureau _____		Exp. Date _____

Pentagon Federal Credit Union Account Agreements

Please keep these Account Agreements with your Pentagon Federal records.

Membership Agreement

The words "I", "me", "my", "myself" mean each person signing the membership application/signature card including anyone who has access to the account(s).

- I understand that this account shall be governed by the Code of Virginia, federal laws, National Credit Union Administration Rules and Regulations and the bylaws and policies of the Credit Union and any amendments thereto. This account shall be subject to other terms and conditions which are subject to change upon notice to me.
- I agree that PFCU has the right pursuant to its statutory lien and further, I give my express consent to enable PFCU to charge against any balance in any of my PFCU accounts, including accounts on which I am a joint owner, to include any otherwise statutorily protected funds that may not otherwise be available by legal process, to liquidate any PFCU indebtedness, owed by me or any person who is listed as a joint owner on my accounts with PFCU, including a deceased joint owner. PFCU may take such action without further notice to me or any joint owner. In regard to those funds that have a statutory protection I understand that I may withdraw my express consent for PFCU to apply such funds to pay any such indebtedness by notifying PFCU in writing. If my consent is withdrawn, PFCU may in its sole discretion terminate any and all services that I have with the credit union.
- I expressly authorize PFCU to procure upon its request from any person, partnership, credit reporting agency, association, firm, or corporation a credit report and for such person to furnish PFCU with said credit report concerning any financial service I may request or obtain from PFCU as well as any subsequent re-evaluation of any such financial service.
- If I have caused PFCU to incur any loss due to my activities, or if any account at PFCU is maintained by me in a manner that PFCU, in its sole discretion, deems contrary to sound financial practice, I agree that PFCU may terminate all accounts or services which I may receive from PFCU with the exception of my Regular Share account.
- I understand that if all my shares in PFCU are withdrawn, my membership in PFCU may be terminated. Funds in my accounts will be subject to collection through normal banking channels and PFCU's hold policy.

- I agree that my share accounts are not transferable except on the records of PFCU.
- I agree that payment of money in the account on the written instructions of any authorized person excuses PFCU of any further legal obligation regarding the proceeds of the transaction. I agree to indemnify and hold PFCU harmless from any suits or liability, directly or indirectly, resulting from the handling of the account consistent with the written instructions of any authorized person. PFCU may refuse to honor my instruction if it is unclear or the signature appears not to be authentic.
- Any financial service provided by PFCU may be used for any transaction permitted by law. I agree that illegal use of any financial service will be deemed an action of default and/or breach of contract and such service and/or other related services may be terminated in PFCU's discretion. I further agree, should illegal use occur, to waive any right to sue PFCU for such illegal use or any activity directly or indirectly related to it and additionally I agree to indemnify and hold PFCU harmless from any suits or other legal action or liability, directly or indirectly, resulting from such illegal use.
- If any of my accounts, either now or in the future are established as a joint account, Pentagon Federal Credit Union is hereby authorized to recognize any one of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid on shares, by any or all of the said joint owners to their credit as such joint owners, with all accumulations thereon, are and shall be owned by them jointly, and be subject to the withdrawal or receipt of any one of them and payment to any one of them or the survivor(s) or the estate(s) of the deceased joint owner(s) — according to the type of joint share account selected, as evidenced by the signatures subscribed hereto — shall be valid and discharge said credit union from any liability for such payment.

A joint owner who is a PFCU member may pledge all or part of the shares in a joint account as collateral security for a loan or loans, and PFCU is authorized to charge at any time against this account any indebtedness owing to it by any of the joint owners.

*** You can avoid the \$0.50/month fee for paper statements if you have a Pentagon Federal Credit Union checking account with Direct Deposit of at least \$500 per month.**

Personal Identification Number (PIN)

- 3** Please call 1-800-247-5626 or 510-376-7328 from an on-base, Class "A" DSN line to set up your four-digit PIN. Or ask your member service representative to help you choose one now.

Optional Joint Ownership of Accounts

- 4** **Optional: complete this section for joint ownership or beneficiary designation. Select only one designation below.**
(If neither joint ownership nor beneficiary designation is desired, leave the information below blank.)

Joint Account with Survivorship: on the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.

Joint Account without Survivorship: on the death of a party to the account, the deceased party's ownership in the account passes as a part of the party's estate under the party's will, trust, or by intestacy.

JOINT OWNERSHIP DESIGNATION. Member and joint owner(s) must sign. (If this is desired, check Joint Account with Survivorship or Joint Account without Survivorship.)

We have read the attached Membership and Account Agreement and agree to comply with all its terms and conditions. PLEASE NOTE: Joint ownership does not constitute membership.

Note: Physical address(es) MUST be provided for joint owner(s) if different from that of the owner.

	SIGNATURE	PRINTED NAME	BIRTH DATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
Check One: <input type="checkbox"/> With <input type="checkbox"/> Without Survivorship	Owner		/ /	- -
	Joint Owner		/ /	- -
	Joint Owner Address			
	Joint Owner		/ /	- -
	Joint Owner Address			

BENEFICIARY DESIGNATION. If more than one beneficiary is named, all beneficiaries will have an equal share. Upon our death this account shall be payable to:

PRINTED NAME	ADDRESS	SOCIAL SECURITY NUMBER
		- -
		- -

Please read this and sign

- 5** I hereby make application for membership in the Pentagon Federal Credit Union. I have read the attached Membership and Joint Account Agreement and, if accepted, I agree to comply with these terms and any amendments thereto, and to subscribe to at least one share. Under penalties of perjury, I certify: (1) the number shown on this form is my correct taxpayer identification number; and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (cross out this section if you are subject to withholding); (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X Signature (member/owner) _____ Date ____ / ____ / ____ Form 13 (3/06)

Pentagon Federal Credit Union Services Directory

Internet Addresses

Internet Home Page: www.PenFed.org

E-mail Information: Info@HQ.PenFed.org

Member Service & Loan Applications

Toll-Free U.S.: 1-800-247-5626

DSN Line (Toll-Free) — All Services

For Members Calling from Bases outside the 50 States using a "Class A" Line ONLY

510-DSN-PFCU (376-7328)

Telephone Teller

Washington, D.C. area: 703-739-3600

Toll-Free U.S.: 1-800-447-PFCU (7328)

First Mortgage Information and Applications

Washington, D.C. area: 703-838-1313

Toll-Free U.S.: 1-800-970-7766

TTY (For Hearing Impaired ONLY)

Washington, D.C. area: 703-683-9791

Toll-Free U.S.: 1-800-225-6378

General Correspondence

- Box 1432, Alexandria, VA 22313-2032
- Box 247009, Omaha, NE 68124-7009
- Box 70046, Eugene, OR 97401-0103

Deposits and Payments

- Box 1400, Alexandria, VA 22313-2000
- Box 247009, Omaha, NE 68124-7009