

## Declaration of Trust

Name of Trust: \_\_\_\_\_

Date Trust Established: \_\_\_\_\_

Soc. Sec. No./Tax Identification No. (TIN): \_\_\_\_\_

	Name (First, Middle Initial, Last)	Physical Address (Street, City, State, Zip Code)	Date of Birth (mm/dd/yyyy)	Soc. Sec. No.
Grantor(s):				
Trustee(s):				
Successor Trustee(s):				
Beneficiary(ies):*				

I certify the above information is consistent with the terms and conditions of the above named trust dated: \_\_\_\_\_

 Grantor Signature or  
 Trustee Signature if  
 Grantor is Deceased: \_\_\_\_\_ Date: \_\_\_\_\_

\*Beneficiaries are requested for proper determination of NCUA insurance. If beneficiaries are not provided, your accounts will be insured as an individual or joint account.