



**International Airline Employees
Federal Credit Union**

138-44 Queens Blvd, Suite 1B, Briarwood, NY 11435
Phone: (718)525-5903, Fax: (718)525-8958, www.iaefcu.org

UTMA/UGMA APPLICATION & SIGNATURE CARD
Completion of this application and deposit of an initial \$5 membership share is required
for membership in International Airline Employees Federal Credit Union.
CUSTODIAN ACCOUNT

Account #			
Child's Name (Minor)		Name of Custodian/Joint Owner	
Street Address	Apt#	Street Address	Apt#
City	State	City	State
	ZIP		ZIP
Date of Birth	US. SSN or TIN (Passport required if no US SSN)		
US. SSN or TIN (Passport required if no US SSN)		Date of Birth	
Home Phone	Home Phone		
Cell Phone	Cell Phone		
	Work Phone		
		ID Type & Number	State/ Country
		Mother's Maiden Name	
		Employer	

ACCOUNT TYPE/SERVICES

- | | |
|--|---|
| <input type="checkbox"/> Share/Savings (min. \$5) | <input type="checkbox"/> Share Certificate (CD) |
| <input type="checkbox"/> Educational Fund (Coverdell, IRA) | <input type="checkbox"/> ATM Card (if Share/Savings A/c only) |

CIRCLE OPTION: PAYABLE AT 18 YEARS OR 21 YEARS

TAXPAYER ID NUMBER CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN)/Taxpayer Identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

NOTE: If you ARE subject to backup withholding, initial here _____
If you ARE NOT a U.S. citizen or resident alien you MUST also complete IRS Form W-8.

AGREEMENT AND SIGNATURE

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosure applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Parent/Guardian

Date

Date of Membership _____	Opened/Approved by _____	Member Verification _____
PIN Request _____	Credit Report _____	Check Verified _____
		Access Card _____