

Request for Share Certificate Business or Trust Account

Tropical Financial Credit Union

- New
 Replacement

Share Account No. _____	CERT. # _____
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SHARE CERTIFICATE INFORMATION

AMOUNT \$ _____ TERM: _____ Deposit dividends paid to:

Type: Regular Add to Certificate
 Jumbo Savings Account
 Checking Account

Payment By: Check Enclosed _____
 Transfer _____
from Account No. _____

BUSINESS OR TRUST INFORMATION

Name of Business or Trust Title (including date of trust) _____

Address of record _____	Telephone No. _____
Type of Ownership <input type="checkbox"/> Business Account <input type="checkbox"/> Trust – Separate Agreement	Taxpayer Identification Number (TIN) _____

SIGNATURES AND CERTIFICATIONS

Back-up Withholding Certification: Under penalties of perjury, I certify that (1) the number shown on this form is the correct taxpayer identification number (TIN) of the business, organization, trust or grantor and (2) the business, organization, trust or grantor is not 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 interest or dividends, or the Internal Revenue Service has notified me that the business, organization, trust or grantor is no longer subject to backup withholding. (INSTRUCTION TO SIGNER: If you have been notified by the IRS that the business, organization, trust or grantor is subject to backup withholding due to notified payee underreporting and you have not been notified that the backup withholding is terminated, you must strike out the language in clause (2) above.)

CHECK ONLY IF APPLICABLE: The business or organization is a tax-exempt recipient under IRS regulations.

The Share Certificate is subject to the terms and conditions stated in the account disclosure provided to the Authorized Signer or Trustee.

Date _____ PRINT BELOW

Tropical Financial Credit Union is hereby authorized to recognize the signatures of any ___ of the Authorized Signers or Trustees below in the payment of funds or transaction of business for this account.

Name / Title of Authorized Signer(s) or Trustee Name(s):	Authorized Signer(s) or Trustee(s) Signature:
(1) _____	[X _____]
(2) _____	[X _____]
(3) _____	[X _____]
(4) _____	[X _____]

CREDIT UNION USE

Resolution on file: Yes Submitted with Application Temporary Application: No Withdrawals

Opened By _____ Date _____ Office _____ Approved: _____
Membership Officer

INSTRUCTIONS

This application is in summary form and does not represent all of the applicable terms and conditions. The words “we”, “our” and “us” mean the Credit Union and the words “you”, “your” and “I” mean the named organization or trust acting through its authorized representative(s) or trustee(s). We reserve the right to deny any applicant, account type or service.

SHARE ACCOUNT NUMBER – Enter your membership Share Savings Account Number in the box indicated.

SHARE CERTIFICATE INFORMATION – See separate disclosure for share certificate rates, terms and annual percentage yields, or you may call the Credit Union’s savings rate line, 1-800-435-SAVE, for current share certificate rates and annual percentage yields.

Complete the requested information indicating the type and term of share certificate requested and instructions for deposit of dividends paid.

ORGANIZATION OR TRUST INFORMATION

ORGANIZATION ACCOUNT: To be eligible for membership, the organization must qualify within the Credit Union’s field of membership. Complete the information and place the Tax ID Number (TIN) for the organization in the applicable box. The account is owned by the named organization, which acts through its authorized representatives. The governing body of the organization shall provide us with an authorization, in a form acceptable to us, telling us who is authorized to act in its behalf. We will honor this authorization until we actually receive written notice of a change from the governing body. We are not responsible for any transaction conducted by a previously authorized representative if we have not actually received written notice from the governing body of the organization that the representative is no longer authorized to transact on its behalf.

TRUST – SEPARATE AGREEMENT: You acknowledge that a written trust agreement has been established prior to opening this account. The separate trust agreement will not be taken or reviewed by Tropical Financial Credit Union personnel and the validity of the trust is not the responsibility of the Credit Union. The trustee(s) shall have complete access to the account funds and the Credit Union will have no responsibility to monitor this account and shall have no liability to the beneficiary(ies) of this trust regarding the trustee’s withdrawal of funds from the account. You agree to complete an Appointment of Successor Trustee on a form acceptable to the Credit Union.

MEMBERSHIP ELIGIBILITY: The Share Account related to this Share Certificate must be titled to the trust. To be eligible for membership, the trust must qualify under the following guidelines:

REVOCABLE TRUST: The grantors must be eligible for Credit Union membership (grantors and trustees may be the same). If the grantor(s) are not the trustee(s), the trustee(s) do not have to qualify for membership.

IRREVOCABLE TRUST: Either ALL of the grantors (grantors and trustees may be the same) or ALL of the beneficiary(ies) must be eligible for membership. If the trustee(s) are not the grantor(s), the trustee(s) do not have to qualify for membership.

Complete the Information Section and place the Taxpayer Identification Number (TIN) in the applicable box. If the trust is a grantor trust, that is, the grantors(s) and trustee(s) are the same, then the Social Security number of the first named grantor (trustee) is used. If the trust is not a grantor trust, the trust will carry its own TIN and that number is used.

SIGNATURES AND CERTIFICATIONS: The authorized Representative(s) or Trustee(s) signatures and acknowledgement must be provided in this Section. If this is an Organizational Account, a separate resolution document is to be provided to the Credit Union stating the names of the authorized representatives with authority to act on behalf of the organization. Read all agreement terms and the Backup Withholding Certification section and certify the statements contained therein. Information on Backup Withholding is contained in the “Tax Information Instructions” below.

Number of Signatures Required to Transact Business: For an Organizational Account, enter the number authorized as stated on the Resolution provided to the Credit Union. For a Trust Account, enter 1 indicating that either the trustee or co-trustee, if applicable, may transact business on the account.

TAX INFORMATION INSTRUCTIONS

GENERALLY, we must withhold 31% of the taxable dividends paid on this account if:

1. you fail to furnish your taxpayer identification number (TIN) to us, or
2. the Internal Revenue Service notifies us that you furnished an incorrect taxpayer identification number, or
3. you are notified that you are subject to backup withholding because you have failed to report all interest and dividend payments, or
4. you fail to certify that you are not subject to backup withholding because of a failure to report all interest and dividend payments, or you fail to certify your taxpayer identification number.

TAXPAYER IDENTIFICATION NUMBER (TIN)

There are two types of taxpayer identification numbers:

- a. These are nine-digit numbers taking the form of 000-00-0000. Social Security Numbers identify and should be used by individual persons.
- b. **EMPLOYER IDENTIFICATION NUMBERS:** These are also nine digit numbers taking for form of 00-0000000. These numbers identify and should be used by corporations, partnerships, non-profit associations, certain trusts, estates of decedents, and similar non-individual persons.

Section 6109 of the Internal Revenue Code requires you to provide your taxpayer identification number to us whether or not you file a tax return. These numbers are used to identify the interest and dividends paid to you.

To prevent backup withholding on the interest and dividend payments you receive, you must certify that the taxpayer identification number you provide is correct and that you are not subject to backup withholding because of a failure to report your interest and dividend payments. To make these certifications, read the **BACKUP WITHHOLDING CERTIFICATIONS** on page 1 of this form and sign the certification. If you are subject to backup withholding, you should still provide and certify your taxpayer identification number.

HOW TO OBTAIN A TIN

If you do not have a TIN, apply for one immediately. To apply, get Form SS-5, Application for a Social Security Number Card (for individuals) from your local office of the Social Security Administration or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local Internal Revenue Service office.

NUMBER APPLIED FOR

If you have applied for (or intend to apply for) a number, write “Applied for” in the area where your TIN would be placed on page 1. When you receive your number, contact us to complete a new certification. If you do not provide us with your TIN within 60 days, we are required to begin backup withholding. If you do not have a taxpayer identification number or you do not know your number, contact the local office of the Social Security Administration or the Internal Revenue Service.

FOR PAYEES AND PAYMENTS EXEMPT FROM BACKUP WITHHOLDING

Individuals (including sole proprietors) are not exempt from backup withholding for which no information reporting is required. Corporations and organizations exempt from tax under Section 501(a) are exempt from backup withholding for certain payments. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter the correct TIN in the box provided, check the box “The organization is a tax-exempt recipient under IRS regulations” and sign and date this form. For a complete list of exempt payees, request the separate “Instructions for the Requestor Form W-9”.