



Mail to:  
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 www.firstfinancial.org

# Custodial (UTMA) Account Application

Account No. \_\_\_\_\_

Minor's Information			
Social Security No.	First Name	M.I.	Last Name
Date of Birth	Country of Citizenship	Mother's Maiden Name	
Primary Custodian's Information			
Social Security No./TIN/EIN	First Name	M.I.	Last Name
Home Address			
		City	State
Zip			
Mailing Address (if different than Home Address)			
Home Phone		Cell Phone	
Email Address		Alternate Email Address	
Employer		Occupation	
Date of Birth	Mother's Maiden Name	Country of Citizenship	
Preferred Method of Contact			
<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email Address			
Additional Custodian's Information			
Social Security No./TIN/EIN	First Name	M.I.	Last Name
Home Address			
		City	State
Zip			
Mailing Address (if different than Home Address)			
Home Phone		Cell Phone	
Email Address		Alternate Email Address	
Employer		Occupation	
Date of Birth	Mother's Maiden Name	Country of Citizenship	
Preferred Method of Contact			
<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email Address			

**Signature of Custodian**

You hereby acknowledge that You have submitted this application for the express purpose of opening an Account in the name of the above minor, and that the gift of money to the Minor named on this Application is irrevocable. By signing below, You agree to be bound by the terms and conditions contained in this form, and to the bylaws, rules and regulations of First Financial of Maryland Federal Credit Union ("First Financial Federal Credit Union") in effect from time to time. You further acknowledge receiving a copy of the Agreements And Disclosures related to the above referenced Account and You agree to be bound by the terms and conditions found therein. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information.

You understand that the gift of money to the Minor named on this Application, which gift shall be deemed to include all dividends thereon and any future additions thereto, is irrevocable and is made in accordance with, and is to include all provisions of, the Maryland Uniform Transfers to Minors Act (the Act) as it is now and in the future. You further understand that the age of delivery from the Custodian to the Minor will occur upon the minor's age of 21, under the Act.

**Designation of Successor Custodian.** You appoint \_\_\_\_\_ (Name of Successor Custodian) as Successor Custodian of the gift property described in the gift transfer above. Such appointment will take effect: (1) when and in the event of Your resignation, death, incompetence, or legal incapacitation; and (2) when We deliver said account, together with a true copy of this instrument of designation, into the custody of the Successor Custodian named above. Upon receipt of actual or written notice of such event, You direct Us to make such delivery.

Signature of Primary Custodian \_\_\_\_\_ Date \_\_\_\_\_ Signature of Additional Custodian \_\_\_\_\_ Date \_\_\_\_\_

**TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING.** Under penalties of perjury, You certify: (1) that the number shown on this application is the minor beneficiary's correct taxpayer identification number; (2) that the minor beneficiary is not subject to backup withholding either because the minor beneficiary has not been notified that the minor beneficiary is subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified the minor beneficiary that they are no longer subject to backup withholding; (3) the minor beneficiary is a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code \_\_\_\_\_

**INSTRUCTION TO SIGNER.** If the minor beneficiary has been notified by the Internal Revenue Service (IRS) that the minor beneficiary is subject to backup withholding due to payee underreporting and they have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

**DO NOT STRIKE OUT ANY MATERIAL UNLESS THE MINOR BENEFICIARY IS SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.**

We will be unable to open an Account for the minor beneficiary without a taxpayer identification number.

**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 Primary Custodian	Date
Signature of Additional Custodian	Date

**(Office Use Only)**

<p><b>Minor Social Security # Verification</b></p> <p>ID Type: <input type="checkbox"/> SS Card</p> <p>Verification: <input type="checkbox"/> OFAC Verified <input type="checkbox"/> Address Verified w/ID</p> <hr/> <p><b>Membership:</b></p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied, Reason: _____</p> <p>Group #: _____</p> <hr/> <p><b>Employee:</b></p> <p>Signature: _____</p> <p>User ID: _____ Date: _____</p>	<p><b>ID Verification</b></p> <p><b>Primary Custodian:</b></p> <p>ID Type: _____ # _____</p> <p>Issue Date: _____ Expiration Date: _____</p> <p>Place of Issue: _____ BD: _____</p> <p><input type="checkbox"/> OFAC Verified <input type="checkbox"/> Address Verified w/ID</p> <hr/> <p><b>Additional Custodian:</b></p> <p>ID Type: _____ # _____</p> <p>Issue Date: _____ Expiration Date: _____</p> <p>Place of Issue: _____ BD: _____</p> <p><input type="checkbox"/> OFAC Verified <input type="checkbox"/> Address Verified w/ID</p>
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