



Prospective Member:

A Savings Account is required for membership with Actors Federal Credit Union (ActorsFCU). Coogan Trust accounts incur no monthly service fees, and only require an initial deposit of \$100 at account opening. The trustee, parent, guardian, or custodian is NOT a joint owner. The funds in the account are the sole property of the minor, and are locked and unavailable for withdrawal until the minor reaches 18 years of age.

WHAT WE NEED FROM YOU

In order to open a Coogan Trust Account with ActorsFCU, please prepare the following items/documents:

1. Completed membership application package with wet signature(s) – No Digital Signatures.
2. Clear copy of the minor's birth certificate.
 - The image provided must be a clear copy of the original certified birth certificate.
3. Copy of Valid Government-issued photo ID(s) for custodian(s)
4. Proof of address (e.g., utility bill or lease agreement) if the address on the custodian's photo ID does not match the address listed on your membership application.

HOW TO SUBMIT YOUR INFORMATION:

Our preferred method of document submission is through our Secure File Upload Center located on our website. From your Personal Computer (or mobile phone), go to www.actorsfcu.com, select Resources from top menu (three dashes on upper right hand on mobile phone) and select "Secure File Upload Center". Complete the required fields and upload all items listed above.

If you do not have the ability to submit your application via our Secure File Upload Center, we can also accept your application and documents in person or via USPS mail. Applications should be submitted to the ActorsFCU Branch that is nearest to your home address. Applications that are submitted via mail or fax may require additional time for processing. Our branch locations are listed on the footer of this letter or at <https://www.actorsfcu.com/about/locations/locations>.

PROCESSING THE APPLICATION

Once we have received the completed application and all supporting documents, the package will be assigned to a new account representative within **1 to 3 business days**. You will receive an email with the name and email address of the assigned representative. Once the application is assigned, please allow **7 to 10 business days** for account opening. Please note that incomplete packages will delay these processing times.

FUND YOUR NEW ACCOUNT

You must deposit at least \$100 to establish this membership.

If you have any questions or need assistance, please contact us at 212.869.8926, option 6.

Main Office

165 West 46th Street, 14th Flr
New York, NY 10036

Chicago

557 West Randolph Street, 1st Flr
Chicago, IL 60661

Los Angeles

5757 Wilshire Boulevard, Ste 655
Los Angeles, CA 90036

North Hollywood

5636 Tujunga Ave, Ste 102
North Hollywood, CA 91601



Coogan Trust Account Custodial Certificate

I/We, _____, and _____,
(If only one parent, print "N/A")

as trustee(s)/parent(s)/guardian(s) of _____, hereby
authorize the opening of a Coogan Trust Account with Actors Federal Credit Union
(ActorsFCU). I/We designate _____ and

_____ as account custodian(s). I/We also understand
(If only one custodian, print "N/A")

that as trustee(s)/parent(s)/guardian(s)/custodian(s), I/we am/are NOT joint owner(s).
The funds in the account are the sole property of the minor and are locked and unavailable
for withdrawal until the minor reaches 18 years of age.

Child's Date of Birth: _____

Signature(s) of Trustee/Parent/Guardian: _____

Date: _____

For Credit Union Use Only:

Coogan Trust, Base Account Number _____

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ACCOUNT # _____

"COOGAN TRUST" APPLICATION FOR MEMBERSHIP (newborn to 18 years)

ACCOUNT TYPE: ☒ Savings (Share)
ACCOUNT SERVICES: ☐ TOUCH-TONE TELLER (Phone Banking) ☐ ONLINE BANKING
☐ eDOCUMENTS (Paperless Statements) ☐ MOBILE DEPOSIT (Requires eDocuments)

MINOR'S INFORMATION

First Name	Middle Name	Last Name	Social Security Number	Date of Birth
Primary Email Address	Also Known As (AKA - Optional)		AKA Documentation	Place of Birth (City & State)
Mailing Address		City	State	Zip Code
Physical Address (if different from mailing)		City	State	Zip Code
Primary Phone	Cell Phone	Home Phone	ID Type & Number	Mother's Maiden Name

CUSTODIAN'S INFORMATION (1)

First Name	Middle Name	Last Name	Social Security Number	Date of Birth
Primary Email Address	Also Known As (AKA - Optional)		AKA Documentation	Place of Birth (City & State)
Mailing Address		City	State	Zip Code
Physical Address (if different from mailing)		City	State	Zip Code
Primary Phone	Cell Phone	Home Phone	ID Type & Number	Mother's Maiden Name

CUSTODIAN'S INFORMATION (2)

First Name	Middle Name	Last Name	Social Security Number	Date of Birth
Primary Email Address	Also Known As (AKA - Optional)		AKA Documentation	Place of Birth (City & State)
Mailing Address		City	State	Zip Code
Physical Address (if different from mailing)		City	State	Zip Code
Primary Phone	Cell Phone	Home Phone	ID Type & Number	Mother's Maiden Name

SIGNATURES

With my/our signature(s) below:

1. I/We certify that I/we have read and agree to all of the terms and conditions listed on the reverse side of this application.
2. I/We understand that
 - a.) The required savings (share) account has a minimum opening balance requirement of \$100 to complete membership and avoid account(s) closure.
 - b.) Minor must possess a valid U.S. Social Security Number. Custodian must present a valid/unexpired government-issued photo identification (U.S. State Identification/Driver License or U.S. Passport)
 - c.) I/We understand that neither the custodian(s) / trustee(s) / parent(s) / guardian(s) is/are **NOT** joint owner(s).
 - d.) Even though the minor will not have control of the property until the age of 18, the minor is the sole owner. Monies deposited in the account are considered permanent, irrevocable gifts to the minor.
 - e.) The funds in the Coogan Trust account are locked until the minor reaches the age of 18 and cannot be withdrawn without a court order.
 - f.) Upon reaching the age of 18, only the minor will gain control of the account and may use the monies as they see fit.

As a Custodians, I/we understand that by signing this application I/we accept that I/we am financially responsible for this account, including any charges or fees associated with it.

X _____	X _____
Custodian 1 Signature	Custodian 2 Signature
Date	Date

CREDIT UNION USE ONLY

Application Type: <input type="checkbox"/> New Member <input type="checkbox"/> Update <input type="checkbox"/> Add Co-Owner <input type="checkbox"/> Other: _____	Disclosures Delivered: <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By Email
Verification/Serv.: <input type="checkbox"/> OFAC <input type="checkbox"/> ChexSystems <input type="checkbox"/> ID <input type="checkbox"/> T-T-Teller <input type="checkbox"/> Online Banking <input type="checkbox"/> eDocs <input type="checkbox"/> Mobile Deposit <input type="checkbox"/> Debit Card <input type="checkbox"/> Checks	
Supporting Docs: <input type="checkbox"/> Utility Bill (Address Verification) <input type="checkbox"/> Other _____	Processed By (Teller Stamp): _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing on the reverse side, I/we certify under penalties of perjury that the Social Security Number(s)/Tax ID Number(s) written on the reverse side is/are my/our correct Social Security Number(s)/Tax ID Number(s) and that I/we am/are NOT, unless designated below, subject to backup withholding because:

- a) I/we am/are exempt from backup withholding, or
- b) I/we have not been notified by the Internal Revenue Service (IRS) that I/we am/are subject to backup withholding as a result of failure to report all interest or dividends, or
- c) The IRS has notified me/us that I/we am/are no longer subject to backup withholding. I/we further certify that unless otherwise designated below, I/we am/are a U.S. person (including a U.S. resident alien).

****** ONLY SELECT IF YOU HAVE BEEN NOTIFIED BY IRS AND IS APPLICABLE ******

☐ I/we am/are subject to backup withholding ☐ I/we am/are NOT a United States citizen(s) or resident(s) (complete Form W-8BEN)

ACCOUNT TERMS AND CONDITIONS

I/We hereby make application for membership with Actors Federal Credit Union ("ActorsFCU"). All account owners signing this Application for Membership hereby agree to be bound by the bylaws and policies, and any amendments thereto, of ActorsFCU. I/We certify that the information provided in this Application for Membership is true and correct and understand that my/our signature(s) on the reverse side of this application apply to all accounts under my/our name(s). I/We agree to be bound to the terms and conditions of this and all account agreements with ActorsFCU now or in the future, including but not limited to, the Important Account Information for Our Members (Terms and Conditions, Electronic Transfers, Funds Availability and Truth In Savings) and ActorsFCU's Fee Schedule, which have been provided to me/us and which are incorporated into and made part of this membership application as though they were set forth in length. I/We agree that ActorsFCU may access credit information concerning my/our account(s) now and/or in the future and understand that my/our application to establish an account will be verified through a credit reporting agency. I/We agree that ActorsFCU may charge against my/our account(s) any debt owed by me/us to ActorsFCU, now or in the future, without going through any legal process or court proceeding. If this is a joint account, ActorsFCU may charge the debt(s) owed by me/us to ActorsFCU by any or all of us against the deposits of any or all of us. I/We agree that ActorsFCU may access information concerning the handling of my/our account(s) with other financial institutions now and in the future and understand that my/our application to establish an account will be verified through an account verification service. If I/we am/are an Actors Equity Association, SAG-AFTRA member, I/we pledge a security interest in my/our "Residuals" to cover any and all debt or other funds that I may owe to ActorsFCU, including, but not limited to, loans and account overdrafts. I/we understand that the Internal Revenue Service does not require my/our consent to any provision of this document other than the certifications required to avoid backup withholding.

eDOCUMENTS AGREEMENT

I/we agree that:

- a) I/We will only receive one more copy of my/our paper Account statement through U.S. mail.
- b) I/We will notify ActorsFCU if I/we change my/our email address.
- c) I/We specifically agree that ActorsFCU may provide all disclosures, period statements, agreements, notices, amendments, revisions, and all other documents electronically. I/We will be able to download and/or print these disclosures, agreements, and notices through an appropriate electronic terminal and/or should review all such disclosures, statements, and agreements in a safe and convenient place. I/We have the right to receive a paper copy of an electronic record if applicable law specifically requires ActorsFCU to provide such. Also, I/we may withdraw my/our consent and revoke my/our agreement to receive documents electronically. To request a paper copy or to withdraw of my/our consent and agreement to receive electronic records, I/we must deliver a signed written request to ActorsFCU. I/We can deliver this request; by facsimile (fax) to 212.575.5836, by email to msservices@actorsfcu.com, and by mail or in person to any of ActorsFCU branches.

CHECK DEPOSIT ONLINE – ALL OPTIONS

I/We agree and understand that Check Deposit Online, including Android and iPhone apps, is a service offered at the discretion of ActorsFCU to qualifying members. It may be granted or revoked at any time. I/We understand that by participating in Check Deposit Online in all versions, I/we agree to receive all notifications and statements through eDocuments, ActorsFCU's electronic documents program, and that I/we will no longer receive statements or other notifications by mail. Should my/our email address change, I/we understand it is my/our responsibility to provide ActorsFCU with my/our new valid email address. I/We understand that Check Deposit Online is available for the deposit of any checks payable to me/us (with proper endorsements) drawn on U.S. financial institutions in U.S. funds, including money orders and traveler's checks. Check Deposit Online may not be used for any checks drawn on foreign financial institutions, even those drawn in U.S. dollars. This includes all checks drawn on Canadian financial institutions, including those drawn in U.S. dollars. I/We understand that I/we may deposit up to an aggregate or single check total of \$5,000.00 per 24 hour period. Checks larger than \$5,000.00 cannot be deposited using this method. I/We are able to deposit a maximum of five checks per session. If a deposited item is returned to ActorsFCU for insufficient funds or for any other reason, I/we am/are responsible for any funds I/we may have used that ActorsFCU is unable to collect. Additionally, a fee for a "Returned Deposited Item" will be charged. This includes if the scan of your check is not legible. To prevent any issues in the case of such an occurrence, I/we must retain the actual printed check for a minimum of 45 days. Failure to be able to produce an actual check, within ten (10) business days, in the event ActorsFCU is unable to read my/our scan will result in my/our account being debited for the amount of the item and any applicable associated fees. All other ActorsFCU guidelines, fees, and disclosures not explicitly included here apply.



ACCOUNT # _____

Consent to Receive Disclosures & Documents in Electronic Format (eDocs)

Please carefully read this information and the related account(s) and/or loan(s) disclosures, forms, agreements and other related documents (collectively, the "Account Documents"). By signing below, you (i) agree to be bound by the terms and conditions of the Account Documents, (ii) confirm that the information provided on the Account Documents is accurate and complete, (iii) confirm that you have at least the minimum necessary hardware and software requirements listed below* to access and retain the Account Documents electronically, and (iv) agree to receive the Account Documents in electronic format. Your consent to receive the Account Documents electronically is applicable with respect to the account(s) and/or loan(s) that is subject to the Account Documents. You have the right to obtain paper copies of the Account Documents at no cost to you by contacting us in writing at:

Actors Federal Credit Union, Attn: Member Services, 165 West 46th Street, New York, NY 10036, (212) 869-8926, Fax (212) 575-5836.

You may withdraw your consent to receive the Account Documents electronically at any time by contacting us in writing at the foregoing address or fax number. Alternatively, you may decline to participate in this electronic transaction and instead you may request paper forms to complete the account or loan process manually.

Minimum Software and Hardware Requirements

Operating system	Windows 8 or above, MacOS 10.12, iOS 12.0 or Android 8.0
Browser	Current release versions of Microsoft Edge, Google Chrome, Mozilla Firefox, or Safari.
PDF Reader	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution	800 x 600 minimum
Security Settings	Allow per session cookies
Security Software	Current version of commercially available anti-virus software with recently updated security database.

DOCUMENTS IN ELECTRONIC FORMAT SELECTION

- ☐ Yes, I/we give my consent to receive Account Documents in Electronic Format
- ☐ No, I/we do NOT give my consent to receive Account Documents in Electronic Format
- ☐ Please revoke my previous consent to receive Account Documents in Electronic Format

SIGNATURE(S)

_____	_____	_____
Custodian 1 Printed Name	Custodian 1 Signature	Date
_____	_____	_____
Custodian 2 Printed Name	Custodian 2 Signature	Date

CREDIT UNION USE ONLYDelivered: ☐ In Person ☐ By Mail ☐ By Email ☐ By Fax

Received Date: _____ Processed By (Teller Stamp): _____