



Custodial Account Agreement

Under New York’s Uniform Transfers to Minors Act
Minimum \$1.00 opening deposit required.

Custodian’s Name - First, Middle, Last	
Street Address	
City	State Zip
Custodian’s Daytime Phone	Custodian’s Home Phone
Custodian’s Social Security Number	Opening Deposit

As Custodian Under New York’s Uniform
Transfers to Minors Act For

Minor’s Name - First, Middle, Last	
Minor’s Social Security Number	Birth Date
Account Balance Paid to Minor at Age <input type="checkbox"/> 18 <input type="checkbox"/> 21 (21 if blank)	

Designation of Successor Custodian

Only an adult member of the minor’s family or a legally appointed guardian is eligible to become a Successor Custodian.

I hereby designate _____
to succeed me as custodian of this account in the event I resign this
custodianship, die or become legally incapacitated.

I hereby apply to USALLIANCE Financial for a Custodian Account under
the New York’s Uniform Transfers to Minors Act for the benefits of the
above named minor.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT UNDER THE USA PATRIOT ACT OF 2001. To help the federal government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see a form of identification with your photograph or other identifying documents.

MEMBERSHIP ACKNOWLEDGMENT & CERTIFICATION

Under penalty of perjury, I/We certify that:
I/We hereby comply with the bylaws, terms and conditions of the Truth in Savings Disclosure and Membership Agreement, any amendments, and all other agreements and disclosures which may change from time to time. I/We make application for membership in USALLIANCE Financial and certify that all information provided is true and correct. If applicable and if I/we of legal age, do hereby authorize USALLIANCE to investigate my/our creditworthiness, employment and income.

Certification of Taxpayer Identification Number: 1.) The number shown on this form is my correct taxpayer identification number 2.) I am not subject to backup withholding because (a) I am exempt from backup withholding (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report interest or dividends, or (c) the IRS notified me that I am no longer subject to backup and withholding and 3.) I am a U.S. Citizen or U.S. Resident Alien 4.) The FATCA code(s) entered on this form (if any) indicate that I am exempt from FATCA reporting is correct. **Certification instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. By crossing out item 2, I/we certify that the language related to underreporting does not apply. If you are not a U.S. Citizen or Resident Alien, complete a W-8 BEN to certify foreign status. If a W-8 BEN is completed, your signature does not serve to certify this section.**

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

The Internal Revenue Service does not require consent to any provisions of this document other than the certification required to avoid backup withholding.

Custodian’s Signature _____	Date _____
Successor Custodian’s Signature _____	Date _____

For Office Use Only

Member Number	PIN
Date Opened	Approved By

