



Patent and Trademark Office Federal Credit Union

**APPLICATION AND AGREEMENT FOR AN  
ACCOUNT(S) FOR A REVOCABLE LIVING TRUST**

Trust Information			
Account Number:			
Legal Name of Trust	The date the Trust was created	Tax-ID number/SSN	
Trustee(s)			
<b>Trustee 1<sup>st</sup> Name</b> (Last, First, M I):	Date of Birth	Social Security Number	
Home Address			
Mailing address (if different from physical Address)			
City		State	Zip
Home Phone	Business Phone	Email address	
ID state, type & number			
<b>Trustee 1st Signature</b>			
<b>Trustee 2<sup>nd</sup> Name</b> (Last, First, M I):	Date of Birth	Social Security Number	
Home Address			
Mailing address (if different from physical Address)			
City		State	Zip
Home Phone	Business Phone	Email address	
ID state, type & number			
<b>Trustee 2nd Signature:</b>			
<b>Trustee 3<sup>rd</sup> Name</b> (Last, First, M I):	Date of Birth	Social Security Number	
Home Address			
Mailing address (if different from physical Address)			
City		State	Zip
Home Phone	Business Phone	Email address	
ID state, type & number:			
<b>Trustee 3rd Signature:</b>			



**MODIFY OR REMOVE EXISTING TRUSTEE (S) APPLICATION**

The undersigned Trustee(s) has applied for a Trust Account at the Patent and Trademark Office Federal Credit Union (PTOFCU). The Account is to be called the \_\_\_\_\_ Trust Account.

In support of that application, the undersigned Trustee(s) provides the following information and certifies it to be true:

The name of the Trust for which this Trust Account is being opened is \_\_\_\_\_

The date of the Trust is: \_\_\_\_\_

**The Trust has been amended on the following dates:** \_\_\_\_\_

**The New Undersigned is/are the only Trustee(s) of the Trust.**

**The Trust designates the following as Successor Trustees:**

**The grantor(s) of the Trust is/are:**

The Trust is revocable, and the attorney who drafted the Trust is: \_\_\_\_\_

The Federal Tax Identification Number of the Trust is: \_\_\_\_\_

The undersigned certify that I/we have the authority to open this Trust Account and bind the Trust. Consistent with the Trust Account Agreement terms for the Trust for which we apply.

The undersigned acknowledges receipt and review of all pertinent, relevant account agreements, forms and documents.

The undersigned jointly and severally indemnify and hold PTOFCU harmless from any liability related. In any way to the Trust Account as a result of acting upon instructions provided by the undersigned.

If the Trust is changed in any way, or if for any reason, new and Successor Trustee(s) are.

Designated or assumed trusteeship of the Trust, or if the composition of the Trustees changes, the undersigned will notify PTOFCU in writing of such facts. PTOFCU may rely upon the accuracy of all information on this document until written notice to the contrary is received by PTOFCU.

For any reason within the sole discretion of PTOFCU, the undersigned shall execute and provide unto PTOFCU any document which, in the sole judgment of PTOFCU, is necessary to effectuate the Trust Account Agreement and related documents and to administer the Trust Account.

Witness(es): \_\_\_\_\_

Trustee(s): \_\_\_\_\_

Date(s): \_\_\_\_\_