



TRUST ACCOUNT application

UKRAINIAN SELFRELIANCE MICHIGAN FEDERAL CREDIT UNION

NAME of TRUST			
GRANTOR/ SETTLER			
GRANTOR/ SETTLER			
STREET Address			City
STATE	Zip	PHONE#	
PROOF of TRUST: <input type="checkbox"/> TRUST DOCUMENT <input type="checkbox"/> LETTER FROM ATTORNEY			TRUST ID #
TRUST Eligibility - GRANTOR/SETTLER ACCT#:			
ATTORNEY'S NAME:			
STREET Address			City
STATE	Zip	PHONE#	

TRUSTEES ON ACCOUNT

(1) NAME			DOB
STREET Address		City	
STATE	Zip	PHONE	
SS#		DRIVERS LICENSE #	
(2) NAME			DOB
STREET Address		City	
STATE	Zip	PHONE#	
SS#		DRIVERS LICENSE #	
(3) NAME			DOB
STREET Address		City	
STATE	Zip	PHONE#	
SS#		DRIVERS LICENSE #	

FOR Office Use Only

ACCOUNT#: _____

DATE: _____

Staff Initial: _____