

## Revocable Trust Account Authorization

Member No. \_\_\_\_\_

Account Type \_\_\_\_\_ Sub # \_\_\_\_\_ Or  All Accounts

Print Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

I wish to designate the above account as a Revocable Trust Account on behalf of the beneficiary named below, subject to Mid-Hudson Valley Federal Credit Union's charter, by-laws and regulations as now existing or amended. Upon death of the Trustee, the absolute ownership of shares and dividends (if any) will pass to the Beneficiary, subject to any assignment to the credit union to secure a loan on which the Trustee is a borrower or guarantor. If a Successor Trustee is appointed, the control of the Trust will pass to the Successor Trustee. I understand that as Trustee, I may change the Beneficiary or Successor Trustee at any time by completing an updated Revocable Trust Account Authorization.

**Beneficiary Name** \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

**Successor Trustee Name** \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

### For Office Use Only

Initials \_\_\_\_\_ Application approved by the Board, Executive Committee or Membership Officer: \_\_\_\_\_ Date \_\_\_\_\_