



Prospective Member:

A Savings Account is required for membership with Actors Federal Credit Union (ActorsFCU). Coogan Trust accounts incur no monthly service fees, and do not have deposit or balance requirements. 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 documents:

1. Completed Custodial Certificate (see pg. 2)
2. Completed Application for Membership (See pg. 3. Please no blanks, no white out, and no un-initialed corrections)
3. Clear copy of the minor's birth certificate
4. Clear copy of the custodian(s)' valid, unexpired U.S. Government-issued photo identification (e.g., state driver's license, state identification card, or U.S. passport). If available, please provide the same for the minor.
5. Proof of address for the custodian(s) (e.g., copy of a recent utility bill or lease agreement) if the address on their government-issued identification does not match the address listed on the Application for Membership.

How to submit your information:

Our preferred method of document submission is our secure email service called Delivery Slip. To gain access to our secure email service, we must send you an invitation. Please contact us at mservices@actorsfcu.com or 212.869.8926, option 6 to request an invitation. Please allow 1 to 2 business days for your email invitation to arrive.

Once you receive our invitation via email, you will register for Delivery Slip; this is a free service. Then you will be able to respond to our message and securely submit your completed application and required documents as attachments to the email.

If you are unable to use our secure email service, we ask that you please submit your completed application and required documents via fax or USPS to our nearest office. The fax numbers and mailing addresses for our branch offices are listed below. Please be advised that applications that are received via fax or USPS may require an additional 1 to 2 business days for processing.

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
Fax: 212.575.5836

AFM Local 802
322 West 48th Street, 4th Flr
New York, NY 10036
Fax: 212.400.2145

Chicago
557 West Randolph Street, 1st Flr
Chicago, IL 60661
Fax: 312.775.6230

Los Angeles
5757 Wilshire Boulevard, Ste 655
Los Angeles, CA 90036
Fax: 818.853.7508

North Hollywood
5636 Tujunga Ave, Ste 102
North Hollywood, CA 91601
Fax: 323.938.9035



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 _____

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

Local 802
322 West 48th Street, 4th 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



Account Number: _____

COOGAN TRUST APPLICATION FOR MEMBERSHIP

Account Type: Savings (Share)
Additional Services: TouchTone Teller eBranch eDocuments

MEMBER ELIGIBILITY

_____ **OR** _____
Union/Affiliation Name of Qualifying ActorsFCU Member * Relationship to Qualifying Member *
* Existing and new member must complete a Certification of Relationship form.

MINOR / BENEFICIARY

First Name Middle Initial Last Name Social Security Number Date of Birth

Email Address Also Known As (AKA) Type of Documentation proving AKA Place of Birth

Mailing Address City State Zip Code

Physical Address (if different from mailing) City State Zip Code

Home Phone Cell Phone Work Phone ID Type & Number Mother's Maiden Name

CUSTODIAN 1

First Name Middle Initial Last Name Social Security Number Date of Birth

Email Address Also Known As (AKA) Type of Documentation proving AKA Place of Birth

Mailing Address City State Zip Code

Physical Address (if different from mailing) City State Zip Code

Home Phone Cell Phone Work Phone ID Type & Number Mother's Maiden Name

CUSTODIAN 2

First Name Middle Initial Last Name Social Security Number Date of Birth

Email Address Also Known As (AKA) Type of Documentation proving AKA Place of Birth

Mailing Address City State Zip Code

Physical Address (if different from mailing) City State Zip Code

Home Phone Cell Phone Work Phone ID Type & Number Mother's Maiden Name

SIGNATURES

- With my signature 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 attest that the minor/beneficiary is eligible for membership with ActorsFCU through the indicated affiliation/union or through family affiliation listed above.
3. I/We understand that the trustee(s)/parent(s)/guardian(s) is/are not a 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 age 18.

X _____ X _____
Custodian 1 Date Custodian 2 Date

CREDIT UNION USE ONLY

Application Type: New Member Update Add Co-Owner Other: _____ Disclosures Delivered: In Person By Mail By Email
Verifications: Patriot Guard Qualifile Equifax Scan ID
Supporting Docs: Utility Bill (Address Verification) 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 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 the Credit Union 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, or 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 mservices@actorsfcu.com, and by mail or in person to any of ActorsFCU branches.



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 W 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 give my consent to receive Account Documents in Electronic Format
- No, I 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)

_____ Primary Accountholder Printed Name	_____ Primary Accountholder Signature	_____ Date
_____ Co-Owner Accountholder Printed Name	_____ Co-Owner Accountholder Signature	_____ Date

CREDIT UNION USE ONLY

Delivered: In Person By Mail By Email By Fax Received Date: _____ Processed By (Teller Stamp): _____