

TRUST AUTHORIZATION AND AGREEMENT

State Department
Federal Credit Union
1630 King Street
Alexandria, VA 22314-2745

Financial Institution

[Empty box for account information]

Account Information (optional)

By signing below the undersigned certify and agree that each grantor is a member of SDFCU and they are the Trustee(s) of a trust (trust name as it appears on Document): _____ (referred to as "Trust" in the rest of this document) (dated) _____. The beneficiaries of this Trust are named in the Trust documentation on file.

Any of the Trustee(s) named below are authorized by the terms of the Trust to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on this authorization and agreement subject to any restrictions stated in this authorization and agreement.

The undersigned certify that they have full power and lawful authority to provide this authorization and agreement and agree to the terms and conditions on pages 1 and 2.

[] If checked, this document must be signed in the presence of a Notary who will complete the notary section on page 2.

Trustee (A) _____
SSN _____ DOB _____
Dated _____
Address _____

Trustee (B) _____
SSN _____ DOB _____
Dated _____
Address _____

Phone _____ ID Type (Drivers Lic) _____
Date of Expiration _____ ID # _____

Phone _____ ID Type (Drivers Lic) _____
Date of Expiration _____ ID # _____

Trustee (C) _____
SSN _____ DOB _____
Dated _____
Address _____

Trustee (D) _____
SSN _____ DOB _____
Dated _____
Address _____

Phone _____ ID Type (Drivers Lic) _____
Date of Expiration _____ ID # _____

Phone _____ ID Type (Drivers Lic) _____
Date of Expiration _____ ID # _____

Trustee (A) Signature _____

Trustee (B) Signature _____

Date _____

Date _____

Trustee (C) Signature _____

Trustee (D) Signature _____

Date _____

Date _____

Each Trustee agrees to the above information, including the terms and conditions herein above and those set forth in our Membership Application and Account Agreement and Disclosures.

FOR FINANCIAL INSTITUTION USE ONLY

Authorization and agreement completed and effective (date) _____
By _____ for the Financial Institution.

The Trustee(s) signing on page 1 agree and acknowledge that:

The Financial Institution is not acting in the capacity of a trustee in connection with the Trust. The Financial Institution has assumed no obligation, other than that imposed by law, to assure the proper application of Trust assets paid or delivered to or upon authorization of the Trustee(s). On request the Financial Institution will be provided with a copy of the Trust documentation and this copy may be retained by the Financial Institution. By retaining this documentation the Financial Institution makes no representation as to the legality of the Trust nor is it assuming any obligation to monitor or enforce the terms of the Trust.

This authorization and agreement shall continue to have effect until express written notice of its rescission or modification has been received and recorded by this Financial Institution. Unless otherwise agreed to in writing, this authorization and agreement will replace any earlier dated authorization and agreement on the date it is completed and effective. All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of this Trust with this Financial Institution prior to the adoption of this authorization are ratified, approved and confirmed by signing this authorization and agreement.

No successor or replacement Trustee of this Trust will be allowed to act on behalf of this trust until a new Trust authorization and agreement is completed and accepted by Financial Institution. Any replacement or successor Trustee must provide documentation satisfactory to the Financial Institution establishing their authority under the Trust documentation or court order to replace or succeed the Trustee. This may include, but is not limited to, completion of an affidavit, a certified or original copy of the death certificate of the Trustee or applicable court order.

The Trustee(s) agree to indemnify this Financial Institution for any amounts which the Financial Institution expends in any action relating to the disbursement of funds from accounts governed by this Trust to the Trustee(s) or as otherwise directed by the Trustee(s). The Trustee(s) agree to reimburse the Financial Institution for any transfers made at the direction of the Trustee(s), in whatever capacity or name, that are subsequently determined to not have been proper or authorized from accounts governed by this Trust. For purposes of this authorization and agreement, amounts expended include any damages paid or determined to be owing from the Financial Institution to other claimants on funds governed by this Trust, and attorneys' fees and costs as incurred by this Financial Institution in resolving any action regarding the disbursement of funds from accounts governed by this Trust.

The Unlawful Internet Gambling Enforcement Act of 2006 prohibits any person engaged in the business of betting or wagering from knowingly accepting payments in connection with the participation of another person in unlawful Internet gambling. As a member of SDFCU, these restricted transactions are prohibited from being processed through your account or banking relationship with us.

NOTARY PUBLIC SECTION

State of _____ }
_____ } ss
(County or Parish)

On this _____ day of _____, before me personally appeared _____, producing _____ as identification showing h ____
 personally known to me
to be the person described in and who executed the foregoing instrument, and acknowledged that ____ he executed the same as h____ free act and deed for the purposes therein contained.

Witness my hand and official seal.

Signature

Title

My commission expires _____ .
(Seal)