



Trust Account Application

Guidelines

In order to establish a Deposit Account for a Legal Trust of any kind, the following documentation is needed:

1. Completed and signed LFCU Deposit Trust Account Application (below)
2. Non-expired, government issued identification for all Trustees or
3. Co-trustees on the account (i.e., driver's license, passport, military ID, etc.).
4. Copy of the Certificate of Trust

Please email the application along with all requested information to operations@lutheranfcu.org, fax it to (314) 394-2799, or mail it to:

LUTHERAN FEDERAL CREDIT UNION
10733 Sunset Office Drive Ste. 406
St. Louis, MO 63127

Thank you!

Account Title

Name of Legal Trust: _____

Social Security # or ITIN: _____ Date on Trust: _____

Trustee Information

Last Name _____ First Name, MI _____ SSN /ITIN _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

E-mail address _____ Cell Phone # _____ Home Phone # _____

Driver's License # _____ State of Issue _____ Expiration Date _____

Co-trustee Information (if applicable)

Last Name _____ First Name, MI _____ SSN /ITIN _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

E-mail address _____ Cell Phone # _____ Home Phone # _____

Driver's License # _____ State of Issue _____ Expiration Date _____

Products

- Stewardship Savings (required if trustee(s) are not yet members)
 RCW Checking _____
 Essential Growth Checking _____
 Whatever Savings _____
 Freedom Checking _____
 1 year Certificate (will fill out additional form)
 Shepherd Savings _____
 Founders Checking _____
 2 year Certificate (will fill out additional form)

Funding my account

Routing # _____ Account# _____ Amount _____

For existing Members:

I would like to close the following accounts in order to transfer all the funds under the name of my new Trust account

- Type of Savings _____
 Type of Checking Account _____

Please send a copy of the Certificate of Trust and a copy of all trustees' legal identification to operations@lutheranfcu.org or fax it to 314.394.2754

Trustee Signature: _____ Date: _____

Co-Trustee Signature: _____ Date: _____