



**Custodial Share Account Agreement  
(Uniform Transfer To Minor Act)**

UTMA Title: \_\_\_\_\_

UTMA Account Number: \_\_\_\_\_

QUALIFICATION FOR MEMBERSHIP:

|              |              |                |
|--------------|--------------|----------------|
| _____        | _____        | _____          |
| Sponsored By | Relationship | Account Number |

**TRANSFER UNDER CALIFORNIA UNIFORM TRANSFER TO MINORS ACT**

I, \_\_\_\_\_ as Custodian for  
(Custodian's First, Middle and Last Name)

\_\_\_\_\_. Under the  
(Minor's First, Middle and Last Name)

**California Uniform Transfers to Minors Act**, Prob. Code § 3900, et seq, hereby applies for a share account in Los Angeles Police Federal Credit Union.

**DESIGNATION OF SUCCESSOR CUSTODIAN**

\_\_\_\_\_ is designated as Successor Custodian, to serve if I am unable to act as Custodian because I resign, die, or become legally incapacitated.

Custodian's Signature \_\_\_\_\_ Dated \_\_\_\_\_

By signing below, the Custodian agrees to the following ("You" means the Credit Union)

1. I agree to the terms and condition of the form and the Credit Union's Truth-in-Savings Disclosure and Agreement, receipt of which is acknowledged.
2. You are not responsible for determining the validity of property of any authority, instrument or instructions whether by Transferor or Custodian except in accordance with the terms of this agreement
3. Custodian hereby acknowledges receipt of the described funds as custodian for the minor under the California Uniform Transfers to Minor Act

Custodian's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**LOS ANGELES POLICE FEDERAL CREDIT UNION  
TRUST ACCOUNT INFORMATION SHEET**

**FOR CREDIT UNION USE ONLY**

UTMA TITLE \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

**CUSTODIAN'S INFORMATION**

FULL NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY, STATE, ZIP CODE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ ISSUE DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

**SUCCESSOR CUSTODIAN'S INFORMATION**

FULL NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY, STATE, ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**MINOR'S INFORMATION**

FULL NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY, STATE, ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CUSTODIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

|                              |               |                                       |
|------------------------------|---------------|---------------------------------------|
| <b>CREDIT UNION USE ONLY</b> |               |                                       |
| ChexSystems _____            | OFAC _____    | Verified Membership Eligibility _____ |
| Opened By _____              | Date _____    | Membership Officer Approval _____     |
| CIP _____                    | Flag 67 _____ |                                       |