



# MONEY MARKET ACCOUNT AGREEMENT FOR TOTTEN TRUST, TRUST AND UTMA ACCOUNTS

## Money Market Account Signature Card for Totten Trust, Trust and UTMA accounts

Account # \_\_\_\_\_

**Ownership type** (*Owners and ownership type must be identical to Main Share Account*) **Order MMA Checks**

- Totten Trust       Uniform Transfer to Minors Act (UTMA)  
 Revocable/Irrevocable Trust (additional paperwork need)
 Yes      No

Member #1 Name \_\_\_\_\_ Member #2 Name \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_ City, State, ZIP Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Member #3 Name \_\_\_\_\_ Member #4 Name \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_ City, State, ZIP Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**TO BE COMPLETED ONLY IF OPENING A TOTTEN TRUST ACCOUNT**

\_\_\_\_\_, Trustee(s), hold this account in trust to control and dispose of as I/we see fit during my/our lifetime but on my/our death to pay to the beneficiary(s) the full amount then standing to the credit of this account. (*List the name, address and Social Security number of the beneficiaries*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Complete if opening a Massachusetts Uniform Transfers to Minors Act account**

\_\_\_\_\_ (name), as custodian for \_\_\_\_\_ (name) under the Massachusetts Uniform Transfers to Minors Act.

By signing below, I/we certify that the information listed on this signature card is true and correct. I/we acknowledge receipt of the terms and conditions applicable to this account, including a deposit account agreement, truth in savings disclosure and funds availability disclosure and agree to the same, as amended from time to time. **I/we authorize you to verify the information provided by me/us through CheckSystems and understand that the opening of this account is provisional, subject to a satisfactory report from CheckSystems.**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Member Signature \_\_\_\_\_ Date \_\_\_\_\_

SEG # \_\_\_\_\_ NCPS #: \_\_\_\_\_

**Please complete additional cards if there are more than four authorized signers on the account.**