



GENERAL TRUST ACCOUNT AGREEMENT

The Trustees of the Trust known as: _____

(hereinafter the Trust) have requested and the Educational Systems Federal Credit Union (hereinafter, ESFCU) agreed that a trust account be established in the name of the Trust. Unless the document which established and governs the Trust provides otherwise, the Trustees do agree the ESFCU is hereby authorized to recognize any signatures subscribed below in the payment of funds or the transaction of any business for this account. The undersigned acknowledges this account to be a Trust Account and as such, agree(s) with each other and ESFCU that all sums contained with the account established in the name of the Trust are and shall be owned by the Trust, by and through its Trustees, with survivor rights as set forth on the Trustee Application, Information Sheet, Certification and attorney's certification letter, all of which are incorporated herein by reference and constitute a part of this Trust Account Agreement. Payment to any of the undersigned Trustees of the Trust in his/her/its capacity as Trustee of the Trust shall be valid and shall discharge ESFCU from any liability for such payment. The undersigned trustee(s) also agree(s) to the terms and conditions of the account as established by ESFCU from time to time.

The rights, authority, and responsibilities of ESFCU under all the Trust Account Agreement documents shall not be changed or terminated unless done so in writing and delivered to ESFCU; any such changes shall not affect any transactions made prior to the delivery of such changes.

By signing below, the undersigned Trustee(s) agree(s), as a member of ESFCU, to act in accordance with the bylaws and any amendments thereof ESFCU, and to the terms and conditions of this Trust Account Agreement. The Trustees further agree that ESFCU may amend any terms and conditions relative to the maintenance of a Trust Account from time to time.

Name/Title of Trust: _____

Trust Tax Identification Number: _____

Current Trustees of Trust:

Name: _____ SSN: _____

Signature: _____ Date: _____

Name: _____ SSN: _____

Signature: _____ Date: _____

Name: _____ SSN: _____

Signature: _____ Date: _____

