

CUSTODIAL DESIGNATION & INFORMATION

The account(s) listed above under the Account Type section is/are held by

_____ as custodian for _____

(minor) under the DC Uniform Transfer to Minors Act.

Custodian's address: _____

Phone: _____

Date of Birth: _____ SSN: _____

DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the DC Uniform Transfer to Minors Act, I hereby designate

_____ successor custodian for all accounts listed above under the

Account Type section. This designation shall take effect only upon my death, resignation, incapacity, or removal.

Signature of Custodian: _____ Date: _____

Custodian's address: _____

Phone: _____

Date of Birth: _____ SSN: _____

MEMBER SIGNATURE **DATE**

MEMBER SIGNATURE **DATE**

Witness: _____ Date: _____