



# Trust for Credit Unions

## Account Information Form

### CREDIT UNION INFORMATION

Name of Credit Union \_\_\_\_\_ Taxpayer ID Number \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Direct Correspondence to \_\_\_\_\_ Title \_\_\_\_\_

### DIVIDENDS AND DISTRIBUTIONS (check one)

<b>MMP</b>	<b>GSP</b>	<b>MSP</b>
<input type="checkbox"/> Units (reinvested on the last day of each month)	<input type="checkbox"/> Units	<input type="checkbox"/> Units
<input type="checkbox"/> Cash (wired on the first business day of each month)	<input type="checkbox"/> Cash	<input type="checkbox"/> Cash

*If no boxes are checked, dividends will be automatically reinvested.  
 See the prospectus for more information.*

### REDEMPTION

Goldman, Sachs & Co. is hereby authorized to honor telephone, telegraphic or other instructions, from any person for the redemption of units provided that proceeds are transmitted to the following credit union, corporate credit union, or other depository institution only. Absent its own gross negligence, neither TRUST for Credit Unions nor Goldman, Sachs & Co. shall be liable for payments made to any unauthorized account.

Credit Union, Corporate Credit Union, or Other Depository Institution \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

*Written authorization with signature guarantee is required to change redemption instructions.*

### SIGNATURE AUTHORIZATION

By the execution of this Account Information Form, the undersigned represents and warrants that it has full right, power, and authority to make the investment applied for pursuant to this application and is acting for itself or in some fiduciary capacity in making such investment, and the individual(s) signing on behalf of the undersigned represent and warrant that they are duly authorized to sign this application and to purchase and redeem Portfolio units on behalf of the undersigned. **The undersigned affirms that it has received and reviewed a current TRUST for Credit Unions prospectus.**

Signature \_\_\_\_\_ Name (print) \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Name (print) \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Name (print) \_\_\_\_\_ Title \_\_\_\_\_

*Number of Signatures required to make changes to this form \_\_\_\_\_*

### CERTIFICATION

Under penalties of perjury, I certify that (1) the number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to back-up withholding because *a)* as a Credit Union I am exempt from back-up withholding; *b)* I have not been notified that I am subject to back-up withholding as a result of a failure to report all interest and dividends; or *c)* the Internal Revenue Service has notified me that I am no longer subject to back-up withholding.

Signature \_\_\_\_\_ Name (print) \_\_\_\_\_ Title \_\_\_\_\_

*To open your account, please forward this completed form to:*

*Mail:* Goldman, Sachs & Co.  
 4900 Sears Tower, Chicago, IL 60606  
 800-342-5828 Attn: Institutional Funds

*Fax:* Account Administration  
 Goldman, Sachs & Co.  
 312-655-4458

