

TRUST MUTUAL FUNDS FOR CREDIT UNIONS BY CREDIT UNIONS

Account Information Form

If you have any questions regarding this form, please call our Institutional Service group at 800-342-5828.

CREDIT UNION INFORMATION

Name of Credit Union _____ Taxpayer ID Number _____

Physical Address _____ Telephone _____

City _____ State _____ Zip _____ Fax Number _____

Direct Correspondence to _____ Title _____

THE USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each investor who opens an account.

What this means to you: When you open an account, we will ask for your name, address, and other information that will allow us to identify you.

This information will be verified to ensure the identity of all persons opening an account. Until such verification is made, TCU may temporarily limit additional unit purchases. In addition, TCU may limit additional unit purchases or close an account if it is unable to verify a customer's identity.

As required by law, TCU may employ various procedures, such as comparing the information to fraud databases or requesting additional information or documentation from you, to ensure that the information supplied by you is correct.

FUND SELECTION

- Government Money Market Portfolio Investor Shares (Fund: 539 / Ticker: TCVXX)
- Ultra Short Duration Government Investor Shares (Fund: 540 / Ticker: TCUYX)
- Short Duration Portfolio Investor Shares (Fund: 541 / Ticker: TCUEX)

DIVIDENDS AND DISTRIBUTIONS (check one, per fund selection)

- | | |
|--|---|
| <input type="checkbox"/> Government Money Market Portfolio Investor Shares | <input type="checkbox"/> Reinvest <input type="checkbox"/> Cash |
| <input type="checkbox"/> Ultra Short Duration Government Investor Shares | <input type="checkbox"/> Reinvest <input type="checkbox"/> Cash |
| <input type="checkbox"/> Short Duration Portfolio Investor Shares | <input type="checkbox"/> Reinvest <input type="checkbox"/> Cash |

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

When selecting Reinvest, dividends will be reinvested on the last business day of each month.

When selecting Cash dividends will be wired on the first business day of each month.

BROKER INFORMATION (if applicable)

Dealer ID _____

(continued)

REDEMPTION

BNY Mellon Investment Servicing 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 BNY Mellon Investment Servicing shall be liable for payments made to any unauthorized account.

Credit Union or Corporate Credit Union _____

Street Address _____ City _____ State _____ Zip _____

Account Name _____ Account Number _____

Bank Routing Transit # _____

Further Credit Number (if applicable) _____

Further Credit Number (if applicable) _____

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

ADVISORCENTRAL ACCESS

AdvisorCentral is an online repository of account information. Access will only allow read only access and no financial transactions can be presented through this service.

Name _____ E-mail Address: _____ Phone: _____

Name _____ E-mail Address: _____ Phone: _____

Name _____ E-mail Address: _____ Phone: _____

Name _____ E-mail Address: _____ Phone: _____

Name _____ E-mail Address: _____ Phone: _____

SIGNATURE AUTHORIZATION

By the execution of this Account Information Form, the undersigned represents and warrants that is 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 (2) I am not subject to backup 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 (3) I am a U.S. person (including a U.S. resident alien) (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Signature _____ Name (print) _____ Title _____

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

Mail:

Trust for Credit Unions
c/o BNY Mellon Investment Servicing-Institutional Trade Desk
4400 Computer Drive
Westborough, MA 01581
800-342-5828

Fax:

1-508-599-7803

Email:

tcugroup@trustcu.com