ACCOUNT OPEN LETTER RIO GRANDE CREDIT UNION

Dear Credit Union Representative,

The holder of this letter, [Enter Participant Name] , has been authorized to open an Individual Development Account custodial savings plan through Prosperity Works. The local manager of this savings plan is [Insert your agency name here] .

This account is to be set up with the following characteristics:

- A custodial account between the saver listed above and Prosperity Works;
- Minimum opening deposit of \$5.00;
- No minimum balance requirement;
- No monthly service fees;
- The account is opened regardless of information contained in a ChexSystem or credit report, except in the case of fraud;
- Monthly account statements are available to both the participant and the custodian.

In order to open the account most efficiently, the IDA Savings Partner, has signed a Release of Information clause, as well as completed beneficiary information on this account. The following information may be supplied for your records:

- Government issued identification;
- a Social Security card;
- physical address;
- date of birth;
- mother's maiden name; and
- all current contact phone numbers

If you have any questions about these arrangements, please call me, [Insert your name] at [505-xxx-xxxx]. Additionally, IDA Administrator, Sarah Stinnett (505-217-2747), is available to address questions you may have.

Thank you for your part in helping with the successful savings plan of [Enter Particpant's Name]!

Sincerely,

[Insert your name]
IDA Coach

cc: [Enter Participant's Name] & Prosperity Works

Custodian Information							
Name:	Prosperity Works						
ivaille.	Prosperity Works						
Contact:	Ona Porter, President & CEO						
Phone/Fax:	505-217-2747 / Fax: 505-200-0456						
Street:	909 Copper NW, Albuquerque, NM 87102						
FIN: NM Taxation a	85-0466059 and Revenue ID no.: <u>02488417000</u>						
TWW TUXACION C	211d Nevende 15 110 <u>-02 100 117 000</u>						
Applicant Certification – Release of Information							
information al	isted in this letter. I hereby authorize this designated Rio Grande Credit Union to rele bout this one account to staff associated with this initiative. I understand that this is abunt and, as such, copies of bank information will be sent to the custodian. The provided Holding IDA: Rio Grande Credit Union						
Participant Sig	gnature: Date:						
[Type Particip	pant's Name]						

Beneficiary Designation								
Name:	[name of beneficiary]		Social Sec	No: [vvv-vv-vv	vvl			
ivairie.	Indine of beneficiary			NO <u> </u>	<u> </u>			
Street:	[address of beneficiary	v]		Apt	: #:			
City:		State:	Zip Code:	Date of E	Birth:			
Phone #:	[xxx-xxx-xxxx]	Relationship	o to participant:[be specific]				
beneficial the State child(ren) I further u	Owner Certification. In the ry to receive all the assets of New Mexico my assets and third to the designation understand that the if asset located after five years of the Credit Union Association.	in my Individ will first be d ted benefician ets in my IDA f attempts to	lual Development A lisbursed to my surv ry if such is not my s are still unclaimed, contact them, Pros	ccount (IDA). I un iving spouse, seco spouse or child. or the designated perity Works will	derstand that in ond to my surviving beneficiaries			
	nt Signature:							
Witness S	Signature (If under 18) :			Date:				
WHERE S	AVER PARTICIPANT STATE	MENTS WILL	BE MAILED:					
Print Part	icipants Name		Phone					
Participar	nt Mailing Address							
 City			State		 Zip			