



ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:		Member No:	
Street:	SSN/TIN:		
City/State/Zip:	ID Type:		
Street:	ID No.:		
City/State/Zip:	ID Issued:	ID Expired:	
Home Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:	
Work Phone:	Cell Phone:		
E-mail:	Membership Eligibility:		
Employer:	Occupation:		

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

Joint Owner:		SSN/TIN:	
Street:	ID Type:	ID No.:	
City/State/Zip:	ID Issued:	ID Expired:	
Home Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:	
Work Phone:	Cell Phone:		
Employer:	Occupation:		
Joint Owner:		SSN/TIN:	
Street:	ID Type:	ID No.:	
City/State/Zip:	ID Issued:	ID Expired:	
Home Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:	
Work Phone:	Cell Phone:		
Employer:	Occupation:		
Joint Owner:		SSN/TIN:	
Street:	ID Type:	ID No.:	
City/State/Zip:	ID Issued:	ID Expired:	
Home Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:	
Work Phone:	Cell Phone:		
Employer:	Occupation:		

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts Designate Specific Accounts _____

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:

UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act)
Minor's SSN/TIN: _____

Agency Print Name of Agent: _____
Signature _____ Date: _____

All Accounts Designate Specific Accounts _____

Other: See Account Authorization Card

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

Form with checkboxes for account types: Share/Savings, Share Draft/Checking, Share, Money Market, HSA, Other. Includes suffix lines.

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

Form with checkboxes for account services: Account Changes, Other.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding...
(3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust...
(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Important Account Opening Information: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Signature and Date lines for two individuals, each with an 'X' in the signature box.

FOR CREDIT UNION USE ONLY

Form with checkboxes for credit union use only: See Account Change Card, See Insurance Beneficiary Card, Date of Membership, Opened/App'd by, Member Verification, Credit Report, Check Verify, PIN Request, Access Card, Audio Response, PC Access/Internet Banking.