



Member Account Agreement

☐ NEW DATE: _____ MEMBER NO: _____
☐ UPDATE: _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 person when opening a new account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

MEMBER/OWNER INFORMATION

☐ Update

Member/Owner Name # 1:	SSN/TIN:
Mailing Address:	ID Type:
City/State/Zip:	ID Number:
Physical Address:	ID Issuing State: ID Issuing Date:
City/State/Zip:	ID Exp. Date: Date of Birth:
Primary Phone:	E-Mail:
Secondary Phone:	Password: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Occupation/Title:
Contact Information:	

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

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/AGENT INFORMATION

☐ Joint Owner ☐ UTMA/UGMA Custodian ☐ Agent

Name # 2:	SSN/TIN:
Mailing Address:	ID Type:
City/State/Zip:	ID Number:
Physical Address:	ID Issuing State: ID Issuing Date:
City/State/Zip:	ID Exp. Date: Date of Birth:
Primary Phone:	E-Mail:
Secondary Phone:	
Employer:	Occupation/Title:

☐ Joint Owner ☐ Agent

Name # 3:	SSN/TIN:
Mailing Address:	ID Type:
City/State/Zip:	ID Number:
Physical Address:	ID Issuing State: ID Issuing Date:
City/State/Zip:	ID Exp. Date: Date of Birth:
Primary Phone:	E-Mail:
Secondary Phone:	
Employer:	Occupation/Title:

JOINT OWNER/AGENT INFORMATION (continued)☐ Joint Owner ☐ Agent

Name #4: _____		SSN/TIN: _____
Mailing Address: _____		ID Type: _____
City/State/Zip: _____		ID Number: _____
Physical Address: _____	ID Issuing State: _____	ID Issuing Date: _____
City/State/Zip: _____	ID Exp. Date: _____	Date of Birth: _____
Primary Phone: _____	E-Mail: _____	
Secondary Phone: _____		
Employer: _____		Occupation/Title: _____

ACCOUNT TYPES

<input type="checkbox"/> Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Checking: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Certificate: _____	<input type="checkbox"/> Other: _____

ACCOUNT SERVICES

Opt-In to the following services:

Yes No

<input type="checkbox"/>	<input type="checkbox"/> Debit Card: _____
<input type="checkbox"/>	<input type="checkbox"/> E-Statements: _____
<input type="checkbox"/>	<input type="checkbox"/> Online Banking: _____
<input type="checkbox"/>	<input type="checkbox"/> Save your change: _____
<input type="checkbox"/>	<input type="checkbox"/> Other: _____

Would you like to set up an automatic overerdraft transfer from an account to your checking account?

A fee may be assessed for each transfer.

☐ Yes
☐ No**ACCOUNT DESIGNATIONS**☐ Payable on Death (POD) - Designation as defined in the account terms and conditions.

POD Payee: _____	POD Payee: _____
Relationship to Member: _____	Relationship to Member: _____
SSN/TIN: _____ Date of Birth: _____	SSN/TIN: _____ Date of Birth: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
POD Payee: _____	POD Payee: _____
Relationship to Member: _____	Relationship to Member: _____
SSN/TIN: _____ Date of Birth: _____	SSN/TIN: _____ Date of Birth: _____
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: _____

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 (or I am waiting for a number to be issued), and
- ☐ (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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (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 (as defined in Regulations Section 301.7701-7).
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. 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 or otherwise authenticating, I/we agree to the terms and conditions of the All About Your Accounts Disclosures and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt 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. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Account Agreement(s), and are subject to the terms and conditions of the applicable disclosures noted above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1) Member/Owner

Date

X

(2) Joint Owner/Agent

Date

X

(3) Joint Owner/Agent

Date

X

(4) Joint Owner/Agent

Date

X

AGENTS - THE INDIVIDUAL SIGNING ABOVE ON LINE(S) _____ IS SIGNING AS:

☐ Power of Attorney ☐ A Successor Custodian of UTMA account ☐ Parent/Guardian ☐ Executor/Personal Representative

☐ Custodian/Guardian ☐ Representative Payee ☐ Authorized Signer ☐ Other: _____

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened/Approved By: _____ Membership Eligibility: _____

Member Verification: _____

Verification List(s) Checked: ☐ OFAC ☐ Other: _____

List Verification Completion Date: _____ By: _____

Reports Checked: ☐ Credit Report ☐ Other: _____

Overdraft Protection Opt-in Completion Date: _____