

Member Services Request

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| --- | --- | --- | --- | --- |
| NEW | DATE: |  | MEMBER NO: |  |

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.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

|  |  |  |
| --- | --- | --- |
| **MEMBER/OWNER INFORMATION** | | |
| Member/Owner Name: | 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: |
| Home Phone: | E-Mail: | |
| Cell Phone: | Work Phone: | |
| Employer: | Occupation/Title: | |

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

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| --- | --- | --- |
| **JOINT OWNER/AUTHORIZED SIGNER INFORMATION** | | |
| 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: |
| Home Phone: | E-Mail: | |
| Cell Phone: | Work Phone: | |
| Employer: | Occupation/Title: | |

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| --- | --- | --- |
| 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: |
| Home Phone: | E-Mail: | |
| Cell Phone: | Work Phone: | |
| Employer: | Occupation/Title: | |

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| 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: |
| Home Phone: | E-Mail: | |
| Cell Phone: | Work Phone: | |
| Employer: | Occupation/Title: | |

|  |  |  |
| --- | --- | --- |
| 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: |
| Home Phone: | E-Mail: | |
| Cell Phone: | Work Phone: | |
| Employer: | Occupation/Title: | |

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| --- | --- | --- |
| Name #5: | 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: |
| Home Phone: | E-Mail: | |
| Cell Phone: | Work Phone: | |
| Employer: | Occupation/Title: | |

|  |  |  |
| --- | --- | --- |
| Name #6: | 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: |
| Home Phone: | E-Mail: | |
| Cell Phone: | Work Phone: | |
| Employer: | Occupation/Title: | |

|  |  |  |
| --- | --- | --- |
| Name #7: | 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: |
| Home Phone: | E-Mail: | |
| Cell Phone: | Work Phone: | |
| Employer: | Occupation/Title: | |

|  |  |  |
| --- | --- | --- |
| Name #8: | 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: |
| Home Phone: | E-Mail: | |
| Cell Phone: | Work Phone: | |
| Employer: | Occupation/Title: | |

|  |  |  |
| --- | --- | --- |
| Name #9: | 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: |
| Home Phone: | E-Mail: | |
| Cell Phone: | Work Phone: | |
| Employer: | Occupation/Title: | |

**ACCOUNT TYPES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Share Savings | : |  |  | Money Market | : |  |
| Club Savings | : |  |  | High Rate Savings | : |  |
| Checking | : |  |  | Deposit Account | : |  |
| Certificate | : |  |  | Deposit Account | : |  |
| Certificate | : |  |  | Deposit Account | : |  |
|  |  |  |  |  |  |  |

**SERVICES**

Overdraft Protection Indicate transfer priority: Update

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  | 3. |  |
| 2. |  | 4. |  |

**UTMA DESIGNATION OF SUCCESSOR CUSTODIAN**

|  |  |  |  |
| --- | --- | --- | --- |
|  | (as custodian for |  | (minor) |
| under the Wisconsin Uniform Transfers to Minors Act | | | |

**CUSTODIAL DESIGNATION AND INFORMATION**

Pursuant to the Wisconsin Uniform Transfer to Minors Act, I designate:

successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal

Witness

X

Date

Signature of Custodian

Date

X

**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*

1. *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).*
2. *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

|  |  |  |  |
| --- | --- | --- | --- |
| Exempt payee code (if any) |  | Exemption from FATCA reporting code (if any) |  |

**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.

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy 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 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 Services Request(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.*

Member/Owner Date

X member$ign member$date

Joint Owner/Authorized Signer Date

X Joint0w$ign1 Joint0w$date1

Joint Owner/Authorized Signer Date

X Joint0w$ign2 Joint0w$date2

Joint Owner/Authorized Signer Date

X Joint0w$ign2 Joint0w$date2

Joint Owner/Authorized Signer Date

X Joint0w$ign4 Joint0w$date4

Joint Owner/Authorized Signer Date

X Joint0w$ign5 Joint0w$date5

Joint Owner/Authorized Signer Date

X Joint0w$ign9 Joint0w$date9

Joint Owner/Authorized Signer Date

X Joint0w$ign8 Joint0w$date8

Joint Owner/Authorized Signer Date

X Joint0w$ign7 Joint0w$date7

Joint Owner/Authorized Signer Date

X Joint0w$ign6 Joint0w$date6

**FOR CREDIT UNION USE ONLY**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Membership: | | cu$D01B$1 | | Opened/Approved By: | | |  | | Membership Eligibility: | cu1$1nput1 |
| Member Verification: | | cu1$1nput2 | | | | | | | | |
| Verification List(s) Checked: cu0$chk1 OFAC cu0$chk2 Other | | | | | | cu1$1nput3 | | | | |
| List Verification Completion Date: | | | cu$D01B$2 | | | | By : cu1$1nput4 | | | |
| Reports Checked: cu0$chk3 Credit Report cu0$chk4 Check Verification Reportcu0$chk5 Other: | | | | | | | | cu1$1nput5 | | |
| Overdraft Protection Opt-in Completion Date: | | | | | cu$D01B$3 | | | | | |
| Comments: | cu1$1nput6 | | | | | | | | | |