

Member Services Request

NEW UPDATE DATE: _____ MEMBER NO: _____

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:	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:	Email:	
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.

JOINT OWNER/AUTHORIZED SIGNER INFORMATION

Relationship:		
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:	Email:	
Cell Phone:	Work Phone:	
Employer:	Occupation/Title:	

Relationship:		
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:	Email:	
Cell Phone:	Work Phone:	
Employer:	Occupation/Title:	

JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)

Relationship: _____
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: _____ Email: _____
Cell Phone: _____ Work Phone: _____
Employer: _____ Occupation/Title: _____

Relationship: _____
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: _____ Email: _____
Cell Phone: _____ Work Phone: _____
Employer: _____ Occupation/Title: _____

Relationship: _____
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: _____ Email: _____
Cell Phone: _____ Work Phone: _____
Employer: _____ Occupation/Title: _____

Relationship: _____
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: _____ Email: _____
Cell Phone: _____ Work Phone: _____
Employer: _____ Occupation/Title: _____

ACCOUNT TYPES

<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove		

ACCOUNT SERVICES

Overdraft Protection Update

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

Add Update Remove

Add Update Remove

Beneficiary/POD Payee: _____

Beneficiary/POD Payee: _____

SSN/TIN: _____ Date of Birth: _____

SSN/TIN: _____ Date of Birth: _____

Street: _____

Street: _____

City/State/Zip: _____

City/State/Zip: _____

Beneficiary/POD Payee: _____

Beneficiary/POD Payee: _____

SSN/TIN: _____ Date of Birth: _____

SSN/TIN: _____ Date of Birth: _____

Street: _____

Street: _____

City/State/Zip: _____

City/State/Zip: _____

Beneficiary/POD Payee: _____

Beneficiary/POD Payee: _____

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 _____)	Exemption from FATCA reporting code (if _____)
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AUTHORIZATION

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	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

FOR CREDIT UNION USE ONLY	
Date of Membership: _____	Opened/Approved By: _____ Membership Eligibility: _____
Member Verification: _____	
Verification List(s) Checked: <input type="checkbox"/> OFAC <input type="checkbox"/> Other: _____	
List Verification Completion Date: _____	By: _____
Reports Checked: <input type="checkbox"/> Credit Report <input type="checkbox"/> Check Verification Report <input type="checkbox"/> Other: _____	
Overdraft Protection Opt-in Completion Date: _____	