



PO Box 2225  
 Merrifield, VA 22116  
 (202) 479-2270



## 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:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail:
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
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 SELECTION

**Party Initials**      *Choose ONE of the following forms of account ownership by placing your initials next to the chosen form of ownership. The type of account you select may determine how ownership of your property passes on your death. Your Will may not control the disposition of funds held in some of the following forms of account ownership. The selection you make below will apply to all the accounts listed in the ACCOUNT TYPE section. (Parties to the account are listed as Member/Owner and Joint Owner.)*

- \_\_\_\_\_ **SINGLE PARTY ACCOUNT DESIGNATION.** On the death of the party, ownership of the account passes as a part of the party's estate.
- \_\_\_\_\_ **SINGLE PARTY ACCOUNT WITH PAYABLE ON DEATH (POD) DESIGNATION.** On the death of the party, ownership of the account passes to the POD beneficiaries of the account. The account is not a part of the party's estate. POD beneficiaries are listed in the "POD BENEFICIARIES" section.
- \_\_\_\_\_ **MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP.** (All parties must initial.) The parties to the account own the account in proportion to the parties' net contributions unless there is clear and convincing evidence of a different intent. On the death of a party, the party's ownership of the account passes to the surviving parties.
- \_\_\_\_\_ **MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND POD DESIGNATION.** (All parties must initial.) The parties to the account own the account in proportion to the parties' net contributions unless there is clear and convincing evidence of a different intent. On the death of the last surviving party, the ownership of the account passes to the POD beneficiaries and is not part of the surviving party's estate. POD beneficiaries are listed in the "POD BENEFICIARIES" section.
- \_\_\_\_\_ **MULTIPLE PARTY ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP.** (All parties must initial.) The parties to the account own the account in proportion to the parties' net contributions unless there is clear and convincing evidence of a different intent. On the death of a party, the deceased party's ownership of the account passes as a part of the deceased party's estate.

### AGENCY DESIGNATION

The party(ies) to the account own(s) the account. The agent to the account may make account transactions for the party(ies), but has no ownership or rights at death unless named as a POD beneficiary.

All Accounts       Designate Specific Accounts \_\_\_\_\_

Agency      Print Name of Agent: \_\_\_\_\_  
 Signature of the Agent: \_\_\_\_\_      Date: \_\_\_\_\_

Select one and Initial: (All parties must initial.)

\_\_\_\_\_      \_\_\_\_\_      Agency designation survives disability or incapacity of parties.

\_\_\_\_\_      \_\_\_\_\_      Agency designation terminates on disability or incapacity of parties.

**JOINT MULTIPLE PARTY/AUTHORIZED SIGNER INFORMATION**

Joint Owner     TMUL Custodian     Agent     Other Authorized Signer (Describe): \_\_\_\_\_  
 Add     Update     Remove    See Account Authorization Card

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: \_\_\_\_\_  Listed  Unlisted E-Mail: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed  Unlisted Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Joint Owner     Agent     Other Authorized Signer (Describe): \_\_\_\_\_  
 Add     Update     Remove    See Account Authorization Card

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: \_\_\_\_\_  Listed  Unlisted E-Mail: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed  Unlisted Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Joint Owner     Agent     Other Authorized Signer (Describe): \_\_\_\_\_  
 Add     Update     Remove    See Account Authorization Card

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: \_\_\_\_\_  Listed  Unlisted E-Mail: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed  Unlisted Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

**ACCOUNT TYPES**

Share/Savings: \_\_\_\_\_  Add  Remove     Money Market: \_\_\_\_\_  Add  Remove  
 Share Draft/Checking: \_\_\_\_\_  Add  Remove     Other: \_\_\_\_\_  Add  Remove  
 Share Certificate/Certificate: \_\_\_\_\_  Add  Remove     Other: \_\_\_\_\_  Add  Remove

**ACCOUNT SERVICES**

ATM Card: \_\_\_\_\_  Add  Remove     Overdraft Protection     Update  
 Debit Card: \_\_\_\_\_  Add  Remove    Indicate transfer priority:  
 Audio Response: \_\_\_\_\_  Add  Remove    1. \_\_\_\_\_  
 Internet Banking: \_\_\_\_\_  Add  Remove    2. \_\_\_\_\_  
 Mobile Banking: \_\_\_\_\_  Add  Remove    3. \_\_\_\_\_  
 Bill Payment: \_\_\_\_\_  Add  Remove    4. \_\_\_\_\_  
 Other: \_\_\_\_\_  Add  Remove

**POD BENEFICIARIES**

Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed in this section. The beneficiaries listed are beneficiaries to all the accounts listed under the "ACCOUNT TYPE" section.

Name of Beneficiary	Identifying Information

**CUSTODIAL DESIGNATION AND INFORMATION**

The account(s) listed in the "ACCOUNT TYPE" section is/are held by \_\_\_\_\_ (Custodian) as custodian for \_\_\_\_\_ (Minor) under the DC Transfers to Minors Uniform Law.

Minor's SSN/TIN: \_\_\_\_\_

**DESIGNATION OF SUCCESSOR CUSTODIAN**

Pursuant to the DC Transfers to Minors Uniform Law, I hereby designate \_\_\_\_\_ successor custodian for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.

Signature of Custodian: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_

**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 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**

**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  Check Verification Report  Other: \_\_\_\_\_

Overdraft Protection Opt-in Completion Date: \_\_\_\_\_