



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).*

Certification Instructions. Check the box for item 2 above if you have been notified by the IRS that backup withholding applies. 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.

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: _____