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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:	☐ Listed ☐ Unlisted	Email:
Secondary Phone:	☐ Listed ☐ 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 property passes on your death. Your will may not control the disposition of funds held in some of the following forms of account ownership. You may choose to designate one or more convenience signers on an account, even if the account is not a convenience account. A designated convenience signer may make transactions on your behalf during your lifetime, but does not own the account during your lifetime. The designated convenience signer owns the account on your death only if the convenience signer is also designated as a P.O.D. payee or trust account beneficiary. The selection you make below will apply to all the accounts listed in the "ACCOUNT TYPE" section.
_____	SINGLE PARTY ACCOUNT WITHOUT PAYABLE ON DEATH (POD) DESIGNATION. The party to the account owns the account. On the death of the party, ownership of the account passes as a part of the party's estate under the party's will or by intestacy. The party to the account is listed as the Member/Owner.
_____	SINGLE PARTY ACCOUNT WITH PAYABLE ON DEATH (POD) DESIGNATION. The party to the account owns the account. 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. The party to the account is listed as the Member/Owner.
_____	JOINT 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 to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes to the surviving parties. Parties to the account are listed as Member/Owner and Joint Owner.
_____	JOINT 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 to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes as a part of the party's estate under the party's will or by intestacy. Parties to the account are listed as Member/Owner and Joint Owner.
_____	JOINT MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND PAYABLE ON DEATH (POD) DESIGNATION. (All parties must initial.) The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of the last surviving party, the ownership of the account passes to the POD beneficiaries. POD beneficiaries are listed in the "POD BENEFICIARIES" section. Parties to the account are listed as Member/Owner and Joint Owner.
_____	CONVENIENCE ACCOUNT. (Member must initial.) The parties to the account own the account. One or more convenience signers to the account may make account transactions for a party. A convenience signer does not own the account. On the death of the last surviving party, ownership of the account passes as a part of the last surviving party's estate under the last surviving party's will or by intestacy. The financial institution may pay funds in the account to a convenience signer before the financial institution receives notice of the death of the last surviving party. The payment to a convenience signer does not affect the parties' ownership of the account. The party(ies) to the account are listed as Member/Owner and Joint Owner.

CONVENIENCE SIGNER DESIGNATION

Please complete this section if you have convenience signers on any of the accounts in the "ACCOUNT OWNERSHIP SELECTION" section.

Account Type	Name(s) of Convenience Signer(s)	Signatures of Convenience Signer(s)
_____	_____	_____
_____	_____	_____

JOINT MULTIPLE PARTY/AUTHORIZED SIGNER INFORMATION☐ Joint Owner ☐ UTMA 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

Email:

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

Email:

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

Email:

Secondary Phone:

☐ Listed☐ Unlisted

Security Code:

Employer:

Occupation/Title:

ACCOUNT TYPES☐ Share/Savings: _____ ☐ Add ☐ Remove☐ Share Draft/Checking: _____ ☐ Add ☐ Remove☐ Share Certificate/Certificate: _____ ☐ Add ☐ Remove☐ Money Market: _____ ☐ Add ☐ Remove☐ Other: _____ ☐ Add ☐ Remove☐ Other: _____ ☐ Add ☐ Remove**ACCOUNT SERVICES**☐ ATM Card: _____ ☐ Add ☐ Remove☐ Debit Card: _____ ☐ Add ☐ Remove☐ Audio Response: _____ ☐ Add ☐ Remove☐ Internet Banking: _____ ☐ Add ☐ Remove☐ Mobile Banking: _____ ☐ Add ☐ Remove☐ Bill Payment: _____ ☐ Add ☐ Remove☐ Other: _____ ☐ Add ☐ Remove☐ Overdraft Protection ☐ Update

Indicate transfer priority:

1. _____

2. _____

3. _____

4. _____

ACCOUNT DESIGNATIONS

☐ **POD Beneficiaries** - Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all accounts listed under the "ACCOUNT TYPE" section.

Name of Beneficiary: _____
Name of Beneficiary: _____
Name of Beneficiary: _____

Identifying Information: _____
Identifying Information: _____
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 Texas Uniform Transfers to Minors Act.
Minor's SSN: _____

☐ **Designation of Successor Custodian** - Pursuant to the Texas Uniform Transfers to Minors Act, I 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.

X

SIGNATURE OF CUSTODIAN

DATE

X

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: _____