



Member Services Request

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.

NEW UPDATE DATE: _____ MEMBER NO: _____

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: _____ Email: _____

Secondary Phone: _____ Mother's Maiden Name: _____

Employer: _____ Occupation/Title: _____

Eligibility for Membership: _____

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

Single Party Account Ownership Selection (If Applicable)

If you are opening a single party account, choose the following forms of account ownership by placing your initials next to the chosen forms 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.

Party Initials	
_____	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/AUTHORIZED SIGNER INFORMATION

Joint Owner TUTMA Custodian Add Update Remove

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: _____ Email: _____

Secondary Phone: _____ Relationship to Member: _____

Joint Multiple Party Account Ownership Selection (If Applicable)

If you are opening a joint multiple party account, choose the following forms of account ownership by placing your initials next to the chosen forms 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.

Party Initials		Account Designation
_____	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 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.	

Joint Owner Add Update Remove

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: _____ Email: _____
 Secondary Phone: _____ Relationship to Member: _____

Party Initials	Joint Multiple Party Account Ownership Selection (If Applicable)	Account Designation
	<i>If you are opening a joint multiple party account, choose the following forms of account ownership by placing your initials next to the chosen forms 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.</i>	
____ _ ____ _	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 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.	

Joint Owner Add Update Remove

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: _____ Email: _____
 Secondary Phone: _____ Relationship to Member: _____

Party Initials	Joint Multiple Party Account Ownership Selection (If Applicable)	Account Designation
	<i>If you are opening a joint multiple party account, choose the following forms of account ownership by placing your initials next to the chosen forms 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.</i>	
____ _ ____ _	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 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.	

ACCOUNT DESIGNATIONS

POD Beneficiaries - Upon the death of the last account owner, ownership of an account shall be divided among the surviving beneficiaries. The beneficiaries and the account(s) to which the beneficiary designations apply are listed below.

Name of Beneficiary: _____	SSN/TIN#: _____	Account Designation
Relationship to Member: _____	Phone Number: _____	
Name of Beneficiary: _____	SSN/TIN#: _____	
Relationship to Member: _____	Phone Number: _____	
Name of Beneficiary: _____	SSN/TIN#: _____	
Relationship to Member: _____	Phone Number: _____	

TUTMA 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. Relationship to Minor: _____

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. Successor Custodian SSN: _____ Relationship to Minor: _____

SIGNATURE OF CUSTODIAN

DATE WITNESS DATE

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

Courtesy Pay Program Overdraft Protection Update Remove
 Add Decline
Indicate Transfer Priority:
1. _____ 3. _____
2. _____ 4. _____

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 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 _____

Joint Owner/Authorized Signer _____ Date _____

Joint Owner/Authorized Signer _____ Date _____

Joint Owner/Authorized Signer _____ Date _____

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened/Approved By: _____ See Account Authorization Card
Member Verification: OFAC Check Verification Report Membership Eligibility: _____
Joint Owner Verification: OFAC Check Verification Report eStatements: Elected Declined
Verification Completion Date: _____ By: _____