



# 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 |                                                                                                                                                                                                                                                                                                                                                                                               |
| _____          | <b>SINGLE PARTY ACCOUNT WITHOUT PAYABLE ON DEATH (POD) DESIGNATION.</b> 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.                                                                                 |
| _____          | <b>SINGLE PARTY ACCOUNT WITH PAYABLE ON DEATH (POD) DESIGNATION.</b> 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 |
| _____          | <b>JOINT MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP.</b> (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.                                                                                                                  |                     |
| _____          | <b>JOINT MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND PAYABLE ON DEATH (POD) DESIGNATION.</b> (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>                                                                                                                                                                                                     |                     |
| ____ _<br>____ _ | <b>JOINT MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP.</b> (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.                                                                                                                  |                     |
| ____ _<br>____ _ | <b>JOINT MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND PAYABLE ON DEATH (POD) DESIGNATION.</b> (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>                                                                                                                                                                                                     |                     |
| ____ _<br>____ _ | <b>JOINT MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP.</b> (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.                                                                                                                  |                     |
| ____ _<br>____ _ | <b>JOINT MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND PAYABLE ON DEATH (POD) DESIGNATION.</b> (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**

|                                                               |                                                              |                                              |                                                              |
|---------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Share/Savings: _____                 | <input type="checkbox"/> Add <input type="checkbox"/> Remove | <input type="checkbox"/> Money Market: _____ | <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 | <input type="checkbox"/> Other: _____        | <input type="checkbox"/> Add <input type="checkbox"/> 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: \_\_\_\_\_  
Member Verification:  OFAC  Check Verification Report  eStatements:  Elected  Declined  
Joint Owner Verification:  OFAC  Check Verification Report   
Verification Completion Date: \_\_\_\_\_ By: \_\_\_\_\_