US Patriot Act Notice

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 who opens an 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 for other identifying documents.



ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION			A 1 A	
Member/Owner:			Member No:	
Street:	treet: SSN/TIN:			
City/State/Zip:		Driver's Lic. No:		
Home Phone: Listed	Unlisted	Date of Birth:		
Cell Phone:		Password:		
E-mail:		Membership Elig	ibility:	
Employer:				
ACCOUNT OWNERSHIP				
Designate the ownership of the accounts and responsibility for the services requested.				
☐ Individual ☐ Joint Account with Rights of Survivorship ☐ Joint Account without Rights of Survivorship				
Joint Owner:		SSN/TIN:		
Street:		Driver's Lic. No.:		
City/State/Zip:		Date of Birth:		
Home Phone:	Unlisted	Password:		
Work Phone:		E-mail:		
Joint Owner: Listed		SSN/TIN:		
Street:		Driver's Lic. No:		
City/State/Zip:		Date of Birth:		
Home Phone: Listed	Unlisted	Password:		
Work Phone:		E-mail:		
Joint Owner:		SSN/TIN:		
Street:		Driver's Lic. No:		
City/State/Zip:		Date of Birth:		
Home Phone: Listed	Unlisted	Password:		
Work Phone:		E-mail:		
	ACCOUNT DES	SIGNATIONS		
Payable on Death (POD)/Trust Account	All Accounts De	esignate Specific Accou	unts	
Primary Beneficiaries				
Beneficiary/POD Payee:		Beneficiary/PC	DD Payee:	
Street:		Street:		
City/State/Zip:		City/State/Zip:		
Contingent Beneficiaries (if only one primary beneficiary is named)				
Beneficiary/POD Payee:	in indirect,	Beneficiary/PC	DD Pavee	
Street:		Street:	Tayee.	
City/State/Zip:		City/State/Zip:		
— City/otate/Zip.		City/otate/21p.		
UTMA (as custodian for			(minor) under the Uniform Transfers to	
Minors Act)				
Minor's SSN/TIN:				
Agency Print Name of Agent:				
Signature:			Date:	
	All Accounts De	signate Specific Accou	ints	
Other:			See Account Authorization Card	

ACCOUNT TYPE					
All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.					
Suffix	Suffix				
Share/Savings:	Money Market:				
Share Draft/Checking:	HSA:				
Share Certificate/Certificate:	Other:				
	fix added to the end of the Member Number listed in the "MEMBER APPLICATION				
AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account					
type.	OUNT SERVICES				
Payroll Deduction/Direct Deposit:	JUNI GENTICES				
Audio Response:					
Overdraft Protection (Indicate transfer priority.):					
ATM Card:	Debit Card:				
PC Access/Internet Banking:					
Other:					
TIN CERTIFICATION AND B	BACKUP WITHHOLDING INFORMATION				
Under penalties of perjury, I certify that:					
 (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. Cross out 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. 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.	Programmed and Lotterman				
Exempt payee code (if any)	Exemption from FATCA reporting code (if any)				
AU	AUTHORIZATION				
By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings 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 a copy 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. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.					
X	X				
	Date Signature Date				
X	X				
- 9	Date Signature Date				
FOR CREDIT UNION USE ONLY See Account C	Change Card See Insurance Beneficiary Card				
Date of Membership: Opened/App'd by:	Member Verification:				
☐ Credit Report ☐ Check Verify	☐ PIN Request				
Access Card Audio Response	PC Access/Internet Banking				