



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: _____ Secondary Phone: _____ Email: _____

Employer: _____ Mother's Maiden Name: _____

Membership Eligibility: _____ 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

Designate the ownership of the accounts and responsibility for the services requested.

Individual

Joint Account with Rights of Survivorship

On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.

Joint Account without Rights of Survivorship

On the death of an owner of the account, the deceased owner's interest in the account passes as a part of the owner's estate by will, trust or intestacy.

X

SIGNATURE MEMBER/OWNER

X

SIGNATURE MEMBER/OWNER

X

SIGNATURE JOINT OWNER

X

SIGNATURE JOINT OWNER

X

SIGNATURE JOINT OWNER

X

SIGNATURE JOINT OWNER

X

SIGNATURE JOINT OWNER

X

SIGNATURE JOINT OWNER

JOINT OWNER/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: _____ Email: _____

Secondary Phone: _____ Mother's Maiden Name: _____

Employer: _____ Occupation/Title: _____

JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)

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: _____ Email: _____
Secondary Phone: _____ Mother's Maiden Name: _____
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: _____ Email: _____
Secondary Phone: _____ Mother's Maiden Name: _____
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

Debit Card: _____ Add Remove Overdraft Protection Update
 Internet Banking: _____ Add Remove Indicate transfer priority:
 Mobile Banking: _____ Add Remove 1. _____
 Bill Payment: _____ Add Remove 2. _____
 Audio Response: _____ Add Remove 3. _____
 Other: _____ Add Remove 4. _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts Designate Specific Accounts: _____
 Add Update Remove Add Update Remove

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____
Street: _____ Street: _____
City/State/Zip: _____ City/State/Zip: _____
 Agency Name of Agent: _____
Signature: _____ Date: _____

All Accounts Designate Specific Accounts: _____

UTMA CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the "ACCOUNT TYPE" section is/are held by:

Custodian 1:
Name: _____
Address: _____
Address: _____
Phone: _____
DOB: _____
SSN/TIN: _____

Custodian 2:
Name: _____
Address: _____
Address: _____
Phone: _____
DOB: _____
SSN/TIN: _____

as custodian(s) for _____ (Minor), _____ (Minor's SSN/TIN), _____ (Minors Age)
under the Virginia Uniform Transfers to Minors Act.

UTMA DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Virginia Uniform Transfers to Minors Act, I hereby designate: _____
successor custodian(s) 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: _____