

Account Card

MEMBER APPLICATION AND OWNERSHIP INFORMATION		Member No:
Member/Owner:		
Street:	SSN/TIN:	
City/State/Zip:	Driver's Lic. No:	
Primary Phone:	Secondary Phone:	Date of Birth:
Marital Status:	Mother's Maiden Name:	
E-mail:	Membership Eligibility:	
Employer:		

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. <i>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 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.</i>
_____	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.

Joint Owner:		SSN/TIN:
Street:		Driver's Lic. No:
City/State/Zip:		Date of Birth:
Primary Phone:	Secondary Phone:	Mother's Maiden Name:
Marital Status:		E-mail:
Employer:		

Joint Owner:		SSN/TIN:
Street:		Driver's Lic. No:
City/State/Zip:		Date of Birth:
Primary Phone:	Secondary Phone:	Mother's Maiden Name:
Marital Status:		E-mail:
Employer:		

Joint Owner:		SSN/TIN:
Street:		Driver's Lic. No:
City/State/Zip:		Date of Birth:
Primary Phone:	Secondary Phone:	Mother's Maiden Name:
Marital Status:		E-mail:
Employer:		

ACCOUNT TYPE

The authorizations and information given herein, and form of ownership chosen in the "ACCOUNT OWNERSHIP SELECTION" section apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

<input checked="" type="checkbox"/> Share/Savings: _____ <input type="checkbox"/> Share Draft/Checking: _____ <input type="checkbox"/> Share Certificate/Certificate: _____	Suffix 000	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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The account number for each of the accounts listed consists of the suffix 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.

ACCOUNT SERVICES (REQUIRED SECTION)

- Yes No Payroll Deduction/Direct Deposit:
- Yes No Audio Response:
- Yes No Overdraft Protection (Indicate transfer priority.):
- Yes No WILL ACCOUNT BE LINKED TO P2P (ZELLE, VENMO, CASHAPP)
- Yes No Mastercard Debit Card:
- Yes No CARD CONTROL (TURN CARD OFF/ON)
- Yes No PC Access/Internet Banking:
- Yes No Other:

POD BENEFICIARIES

Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed in this section. The beneficiaries listed are beneficiaries to all the accounts listed under the "ACCOUNT TYPE" section.

Name of Beneficiary: _____ **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.)

Custodian's Address: _____

Phone: _____ Date of Birth: _____ SSN/TIN: _____

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.

Signature of Custodian: _____ Date: _____

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. 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.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

By signing below, I/we certify that the information on this Account Card is complete and true and that 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.**

Signature _____ Date _____

X

Signature _____ Date _____

X

Signature _____ Date _____

X

Signature _____ Date _____

X

FOR CREDIT UNION USE ONLY

See Account 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