

ACCOUNT FORM

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner

Account #

Name: _____
Street _____ SSN/TIN _____
City/State/Zip _____ Driver's Lic. # _____
Home Phone (____) _____ Date of Birth _____
Work Phone (____) _____ Mother's Maiden Name _____
Cell Phone (____) _____ Employer _____
E-Mail _____ Membership Eligibility _____

SUBSEQUENT ACTIONS

I/We authorize the Credit Union to make and accept the following changes to my/our account:

TYPE OF CHANGE (Please check the appropriate box below.)

- Change of Address.** Change account address and phone number(s) as stated above.
- Add Account/Service.** Add the account/service designated below for the account owner(s).
- Terminate Account/Service.** Terminate the account/service designated below.
- Add Account Owner.** Add the following account owner on the account(s) designated below.
- Remove Account Owner.** Remove the following account owner from the account(s) designated below (only a primary member may remove a joint account owner): _____ We understand Credit Union may require consent of all account owners for removal of a multiple Party Account owner, and we will hold Credit Union harmless for actions regarding account access. The removed account owner relinquishes ownership interest including any membership share in the account(s) set forth below. This relinquishment does not affect my/our obligation on any loan account(s).

MULTIPLE-PARTY INFORMATION

Joint Owner _____ SSN/TIN _____
Street _____ Drivers Lic # _____
City/State/Zip _____ Date of Birth _____
Phone (____) _____ Work Phone (____) _____
Cell Phone (____) _____ Mother's Maiden Name _____

Joint Owner _____ SSN/TIN _____
Street _____ Drivers Lic # _____
City/State/Zip _____ Date of Birth _____
Phone (____) _____ Work Phone (____) _____
Cell Phone (____) _____ Mother's Maiden Name _____

Joint Owner _____ SSN/TIN _____
Street _____ Drivers Lic # _____
City/State/Zip _____ Date of Birth _____
Phone (____) _____ Work Phone (____) _____
Cell Phone (____) _____ Mother's Maiden Name _____

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 below unless the credit union is notified in writing of a change.

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Share/Savings _____ | <input type="checkbox"/> Share Draft Checking _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Christmas Club _____ | <input type="checkbox"/> Vacation Club _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Share Certificate _____ | <input type="checkbox"/> Money Market _____ | <input type="checkbox"/> Other _____ |

* The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

AUTHORIZATION

By signing below, I/we agree that the changes on this Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time. The terms and conditions of these documents are incorporated herein. I/We acknowledge receipt of a copy of the Agreement 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 Funds Transfer Agreement.

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

ACCOUNT OWNERSHIP SELECTION

NOTICE: The type of account you select may determine how ownership of your property passes on your death. Your Will may not control the disposition of funds held in some of the following accounts. The selection you make below will apply to all the accounts listed below.

Select only **ONE** of the following accounts by placing your initials next to the account selected:

Initials

- SINGLE-PARTY ACCOUNT WITHOUT "P.O.D." (PAYABLE ON DEATH) 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 of the account is listed as the Member/Owner.
- SINGLE-PARTY ACCOUNT WITH "P.O.D." (PAYABLE ON DEATH) DESIGNATION.** The party to the account owns the account. On the death of the party, ownership of the account passes to the P.O.D. beneficiaries of the account. The account is not a part of the party's estate. P.O.D. beneficiaries are listed below in the section titled "P.O.D. Beneficiaries." The party to the account is listed as the Member/Owner.
- 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 the Member/Owner and Joint Owner.
- 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 Beneficiaries." Parties to the account are listed as the Member/Owner and Joint Owner.

P.O.D. BENEFICIARIES

- Change POD/Trust Account Beneficiary. Add Remove the following POD/Trust Account Beneficiary to the following account(s):
- All accounts Designate specific accounts _____, _____, _____

Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to the accounts listed above.

Name of Beneficiary	Identifying Information
_____	_____
_____	_____
_____	_____

NAME CHANGE.. Change my name as follows: _____
Former Name _____ DL# _____

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit ATM Card
- Overdraft Protection Debit Card
- Audio Teller (CU-Star) Active Web Site
- Other _____ Other _____

DL# Verification

Updated by _____

Approved by _____