



ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

| | | |
|---|-------------------------|------------|
| Member/Owner: | | Member No: |
| Street: | SSN/TIN: | |
| City/State/Zip: | Driver's Lic. No: | |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Date of Birth: | |
| Work Phone: | Password: | |
| E-mail: | Membership Eligibility: | |
| Employer: | | |

ACCOUNT OWNERSHIP

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

Individual Joint Account with Rights of Survivorship

| | |
|---|-------------------|
| Joint Owner: | SSN/TIN: |
| Street: | Driver's Lic. No: |
| City/State/Zip: | Date of Birth: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Password: |
| Work Phone: | E-mail: |
| Joint Owner: | SSN/TIN: |
| Street: | Driver's Lic. No: |
| City/State/Zip: | Date of Birth: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Password: |
| Work Phone: | E-mail: |
| Joint Owner: | SSN/TIN: |
| Street: | Driver's Lic. No: |
| City/State/Zip: | Date of Birth: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Password: |
| Work Phone: | E-mail: |

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

| | |
|------------------------|------------------------|
| Beneficiary/POD Payee: | Beneficiary/POD Payee: |
| Street: | Street: |
| City/State/Zip: | City/State/Zip: |

UTMA (as custodian for Minors Act) (minor) under the Washington Uniform Transfers to Minors Act

Minor's SSN/TIN: _____

Agency Agent only for HSA Print Name of Agent: _____ Date: _____

Signature _____

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* | |
| <input type="checkbox"/> Share/Savings: _____ | <input type="checkbox"/> Money Market: _____ | <input type="checkbox"/> HSA: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Share Draft/Checking: _____ | | | |
| <input type="checkbox"/> Share Certificate/Certificate: _____ | | | |

*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

- Payroll Deduction/Direct Deposit:
- Audio Response:
- Overdraft Protection (Indicate transfer priority.):
- ATM Card: Debit Card:
- PC Access/Internet Banking:
- Other:

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),*
- (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. person (including a U.S. resident alien).*

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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

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. I/We irrevocably waive the right to dispose of, by an existing or future will, any account owned as a **Joint Account with Survivorship** and/or any account for which I/we have named **Payable on Death** beneficiary(ies). *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

| | |
|---|---|
| <p>X _____</p> <p>Signature Date</p> | <p>X _____</p> <p>Signature Date</p> |
| <p>X _____</p> <p>Signature Date</p> | <p>X _____</p> <p>Signature Date</p> |

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

- | | | |
|--|---|---|
| Date of Membership: | Opened/App'd by: | Member Verification: |
| <input type="checkbox"/> Credit Report | <input type="checkbox"/> Check Verify | <input type="checkbox"/> PIN Request |
| <input type="checkbox"/> Access Card | <input type="checkbox"/> Audio Response | <input type="checkbox"/> PC Access/Internet Banking |