

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.

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

*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.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: _____

Member/Owner: _____

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. No: _____

Home Phone: _____ Date of Birth: _____

Listed Unlisted Password: _____

Work Phone: _____ Employer: _____

Membership Eligibility: _____ E-mail: _____

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

X _____ **X** _____

Signature Signature

Joint Owner: _____

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. No: _____

Home Phone: _____ Date of Birth: _____

Listed Unlisted Password: _____

Work Phone: _____ E-mail: _____

Joint Owner: _____

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. No: _____

Home Phone: _____ Date of Birth: _____

Listed Unlisted Password: _____

Work Phone: _____ E-mail: _____

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** _____

Signature Date Signature Date

X _____ **X** _____

Signature Date Signature Date

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.

ACCOUNT SERVICES

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

ACCOUNT DESIGNATIONS

- Payable on Death (POD) Account**
 POD Payee: _____ POD Payee: _____
 Street: _____ Street: _____
 City/State/Zip: _____ City/State/Zip: _____
- Convenience Account**
 Print Name of Convenience Person: _____
 Signature: _____ Date: _____
- Personal Custodian Account (as custodian for _____).
- Other:** _____ See Account Authorization Card

UTMA CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the "ACCOUNT TYPE" section is/are held by the custodian(s) named below for _____ (Minor), _____ (Minor's SSN/TIN)

under the Maryland Uniform Transfers to Minors Act.

- Custodian 1 - Name: _____
- Custodian's Address: _____
- Phone: _____ Date of Birth: _____ SSN/TIN: _____
- Custodian 2 - Name: _____
- Custodian's Address: _____
- Phone: _____ Date of Birth: _____ SSN/TIN: _____

UTMA DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Maryland 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.

- Signature of Custodian: _____ Date: _____
- Witness: _____ Date: _____

- 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