

Member Services Request

Important Information About Opening a New Account. To help our 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 does this mean for you? When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification.

MEMBER/OWNER INFORMATION	
Member No.	Designate the ownership of the accounts and responsibility for the services requested. <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Survivorship
Member/Owner Name:	SSN/TIN:
Street:	ID Type (Driver's Lic.):
City/State/Zip:	ID Number (License No.):
Home Phone:	ID Issuing State: ID Issuing Date:
Work Phone:	ID Exp. Date: Date of Birth:
Cell Phone:	Mother's Maiden Name:
E-Mail Address:	Membership Eligibility:
Employer:	Occupation/Title:

ELECTION OF SHARE OR DEPOSIT ACCOUNT TYPES AND SERVICES

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

Account Type/Suffix #*	Account Services	
<input type="checkbox"/> Prime Savings # _____	<input type="checkbox"/> eBranch	<input type="checkbox"/> Overdraft Protection (indicate transfer priority)
<input type="checkbox"/> Share Certificate # _____	<input type="checkbox"/> ePay	_____
<input type="checkbox"/> Advantage Money Market # _____	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Direct Deposit
<input type="checkbox"/> Global Advantage Checking # _____		<input type="checkbox"/> Other _____
<input type="checkbox"/> Global Advantage Plus Checking # _____		<input type="checkbox"/> Other _____
<input type="checkbox"/> e Velocity Checking # _____		
<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 listed above. If this document applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT OWNERSHIP - Please complete this section if you desire joint owners on your share or deposit accounts

Joint Owner:	SSN/TIN:
Street:	ID Type (Driver's Lic.):
City/State/Zip:	ID Number (License No.):
Home Phone:	ID Issuing State: ID Issuing Date:
Work Phone: Cell Phone:	ID Exp. Date: Date of Birth:
E-mail Address:	Mother's Maiden Name:
Employer:	Occupation/Title:

Joint Owner:	SSN/TIN:
Street:	ID Type (Driver's Lic.):
City/State/Zip:	ID Number (License No.):
Home Phone:	ID Issuing State: ID Issuing Date:
Work Phone: Cell Phone:	ID Exp. Date: Date of Birth:
E-mail Address:	Mother's Maiden Name:
Employer:	Occupation/Title:

ACCOUNT DESIGNATIONS - Please complete this section if you desire any beneficiary on your share or deposit accounts

<input type="checkbox"/> Payable on Death (POD)/Trust Account	
Beneficiary/POD Payee: _____	Beneficiary/POD Payee: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
SSN/TIN: _____ Date of Birth: _____	SSN/TIN: _____ Date of Birth: _____
<input type="checkbox"/> UTMA (as custodian for under the Washington Uniform Transfers/Gifts to Minors Act) (minor)	
Minor's SSN/TIN: _____	
<input type="checkbox"/> Other:	<input type="checkbox"/> See Account Authorization Card

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) _____
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AUTHORIZATION

Credit Report Authorization: By signing or otherwise authenticating, I/we authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with any request for membership. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. The Credit Union will rely on information you have provided. You affirm that all information on this document or that has been provided elsewhere is correct.

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).

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.

Account 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 owners ip, 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.

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	
SIGNATURE	DATE

X	
SIGNATURE	DATE

X	
SIGNATURE	DATE

X	
SIGNATURE	DATE

FOR CREDIT UNION USE ONLY

Member # _____

- Verification Checklist:
- | | | | |
|---|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Membership Eligibility | <input type="checkbox"/> Identity | <input type="checkbox"/> OFAC Member | <input type="checkbox"/> OFAC Beneficiaries |
| <input type="checkbox"/> Credit Report | <input type="checkbox"/> FACT Act | <input type="checkbox"/> Other _____ | |

Verification Date: _____ By: _____

Date of Membership: _____

Overdraft Protection Opt-in Completed

Subsequent Changes: Effective Date: _____ By: _____

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Ownership Status | <input type="checkbox"/> Account Type | <input type="checkbox"/> Account Service | <input type="checkbox"/> Account Designations |
|---|---------------------------------------|--|---|

Note Specific Change: _____

Membership Officer Review Date: _____ By: _____