



ACCOUNT CARD MEMBERSHIP AND SERVICES APPLICATION

- NEW
- ADD ACCOUNT TYPE
- ADD JOINT OWNER(S)
- UPDATE OWNER NAME
- ADD/CHANGE POD
- OTHER _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the 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 who opens an account. **What this means to you:** When you open an account, we ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and/or other identifying documents.

1. MEMBER INFORMATION:		Membership Eligibility:		Account Number:	
Print Your Full Legal Name (Including Middle Initial and Suffixes – Jr., Sr.,)				Member SSN or TIN:	
Title of Account (If Different from Above):				Date of Birth:	
Street/Residential Address:			City:		State/Zip:
Mailing Address (If different from street address):			City:		State/Zip:
Home Phone# ()	Work Phone# ()	Cell Phone# ()		Mother's Maiden Name:	
Email address:			Alternate E-mail:		
Employer:			Occupation:		
ID Type:	ID#:	ID Issue Date:	ID Expiration Date:	State or Country of Issuance:	

2. OTHER: Parties listed herein will be deemed JOINT Owners with Right of Survivorship unless you select one of the following:					
<input type="checkbox"/> CUSTODIAN <input type="checkbox"/> REP PAYEE <input type="checkbox"/> OTHER (Describe) _____					
Print Your Full Legal Name (Including Middle Initial and Suffixes – Jr., Sr.,)				SSN or TIN:	
Street/Residential Address:			City:		State/Zip:
Home Phone# ()	Work Phone# ()	Cell Phone# ()		Date of Birth:	
Email address:			Alternate E-mail:		Mother's Maiden Name:
Employer:			Occupation:		
ID Type:	ID#:	ID Issue Date:	ID Expiration Date:	State or Country of Issuance:	
Print Your Full Legal Name (Including Middle Initial and Suffixes – Jr., Sr.,)				SSN or TIN:	
Street/Residential Address:			City:		State/Zip:
Home Phone# ()	Work Phone# ()	Cell Phone# ()		Date of Birth:	
Email address:			Alternate E-mail:		Mother's Maiden Name:
Employer:			Occupation:		
ID Type:	ID#:	ID Issue Date:	ID Expiration Date:	State or Country of Issuance:	

3. PAYABLE ON DEATH (POD): COMPLETE ONLY IF POD – NOT TO BE USED FOR OTMA			
Print Full Legal Name (Including Middle Initial and Suffixes – Jr., Sr.,)		Relationship:	Beneficiary's SSN/TIN:
Address:		Date of Birth:	Percentage paid to beneficiary
Print Full Legal Name (Including Middle Initial and Suffixes – Jr., Sr.,)		Relationship:	Beneficiary's SSN/TIN:
Address:		Date of Birth:	Percentage paid to beneficiary
<p>This POD Designation only applies to the Account Number(s) listed above. I/We understand that I/We can individually or jointly withdraw the money in these accounts during my/our lifetime. I/We understand that these accounts will belong to the named beneficiary(ies), and will not be inherited by my/our heirs, or controlled by will. The provisions set forth in the Membership Agreement with the Credit Union will govern payment.</p>			

4. ACCOUNTS & SERVICES: {All Accounts Selected will be Jointly Owned with Right of Survivorship if this Card Lists any "Joint Owner(s)"}

- | | | | | |
|---|--|--|--------------------------------------|--|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Share Certificate | <input type="checkbox"/> Alternate Savings | <input type="checkbox"/> Check Order | <input type="checkbox"/> Payroll Deduction/Direct Deposit* |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Overdraft Protection* | <input type="checkbox"/> Money Market | <input type="checkbox"/> E-Statement | <input type="checkbox"/> OTMA Account |
| <input type="checkbox"/> ATM/Debit Card | <input type="checkbox"/> Other: _____ | | | *A separate application is required for this service. |

Password/Personal Identification Number (PIN): To make sure your PIN is easy to remember, please write any four digit number (except all zeros) in the space given. Use of letters will correspond to a standard phone number pad. Do not use letters "Q" or "Z" as part of your password.

Primary Owner PIN _____ **Joint Owner PIN** _____ Please memorize this number. For security purposes, it will not be included with your Debit and/or ATM card and TruPartner employees will not have access to it.

- I DO want TruPartner CU to authorize and pay overdrafts on my ATM and everyday debit card transactions. Additional charges apply on overdrafts incurred. See complete terms and conditions on our website at www.TruPartnerCU.org
- I DO NOT want TruPartner CU to authorize and pay overdrafts on my ATM and everyday debit card transactions.

CHECKING ACCOUNTS: Checks will be printed using the names and the address of the Member as they appear on this application. TruPartner Credit Union is authorized to pay checks signed by me (or by us) and to charge all such payment against the shares in this Account. All items accepted for deposit or collected are subject to final credit determined by applicable laws and procedures. It is further agreed that: (a) Only credit union issued checks and other methods approved by the Credit Union may be used to make withdrawals from this Account; (b) The Credit Union is under no obligation to pay a check that exceeds the fully paid and collected share draft balance in this Account. However, if any of the undersigned writes a check that would exceed such balances and result in this Account being overdrawn, the Credit Union may: (1) Treat such checks as a request to the Credit Union for advance from a pre-approved overdraft protection loan account if such loan account is previously applied for, approved and established. (2) If none of the undersigned is then eligible to receive a loan advance as provided above, the Credit Union may, nevertheless, pay such checks and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, from any other regular share savings and/or share draft account from which any of the undersigned is then eligible to withdraw shares. (3) Pay such checks in the amount of the resulting overdraft, plus a service charge, overdrawing the account, by the total amount. (4) In any event, members(s) agrees(s) to pay the Credit Union the sum of all overdrafts upon demand. (c) The Credit Union may pay a check on whatever day it is presented for payment, notwithstanding the date (or any limitation on the time of payment) appearing on the check. (d) When paid, checks become the property of the Credit Union and will not be returned either with the periodic statement of this Account or otherwise. (e) The Credit Union is not liable for any action it takes regarding the payment of a check or the order in which the checks are paid. (f) Any objection respecting any item shown on a periodic statement of this Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is delivered. (g) This Account is subject to the Credit Union's right to require advance notice of withdrawal, as provided in its bylaws. (h) This Account is also subject to such other terms, conditions and services as the Credit Union may establish from time to time. (i) The Credit Union may at any time (without prior notice) impress or enforce a lien on any part of your accounts by setting off the funds in this account against any debt owed to us now or in the future, by any account owner having the right to withdrawal. Such setoff is except as prohibited by law. (j) A stop payment on any check can be requested by calling or submitting in writing to the Credit Union, during regular Credit Union business hours, a request with the exact amount, date, number, payee and such other information that may be necessary to identify the check properly. Notice must be provided in a manner allowing the Credit Union reasonable opportunity to act on the request. If you call we may also require you to put your request in writing and get it to us within 14 days after you call. (k) The Credit Union may close this account at any time by mailing a notice to the primary account owner with a remittance for the balance therein or upon transferring said balance to another Credit Union deposit account in the name of same owner. The Credit Union shall not be liable for refusing to pay any check presented after an account is so closed.

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION: For U.S. Citizens and Resident Aliens: In addition to my agreement with the Credit Union, by signing of this Account Card, I certify under the penalties of perjury that: (1) The Taxpayer Identification Number (TIN) or Social Security Number (SSN) listed on this Card is my/the correct TIN/SSN (2) I am NOT subject to backup withholding because: (a) I am exempt, (b) I have not been notified by the IRS that I am subject to backup withholding, 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: You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of your failure to report all dividends and interest on your tax returns. *If you are not a U.S. person:* You must complete and provide to the Credit Union IRS Form W-8BEN

Note: If you own the income or account jointly with one or more other persons, the income or account will be treated by the withholding agent as owned by a foreign person if Forms W-8BEN are provided by all of the owners. If the withholding agent receives a Form W-9 from any of the joint owners, the payment must be treated as made to a U.S. person.

AUTHORIZATION: By signing this card, I/We hereby make application for membership in and agree to conform to the Bylaws, as may be amended from time to time, of TruPartner Credit Union. I certify that I am within the field of membership of this Credit Union; the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. I/We also acknowledge that I/We have received at time of membership application, and agree to be bound by the terms and conditions of the Membership Application and Account Agreement, Truth-in-Savings, Rate Information, Fee Schedule, Funds Availability, Privacy Policy, EFT Disclosure, Courtesy Pay, whether applicable, to the products and services I am currently requesting, or request in the future, and to any amendment the Credit Union makes from time to time which are incorporated herein. The IRS does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union.

I/We authorize TruPartner Credit Union to obtain credit reports in connection with this application for membership, services and/or credit, and for update, renewal or extension of the credit received, if applicable, or for any other legitimate business purpose. I/We understand that the Credit Union reserves the right to request additional financial information from me/us. I/We further authorize the Credit Union to check my/our credit, employment, salary history or obtain information about me/us from a third party.

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

For Credit Union Use Only | CIP Worksheet

Documentary Verification: Indicate each document used for verification. Retain legible copy. *Exception - Military ID (do not photocopy or scan)

Primary: State-issued ID Card Driver's License Military ID Card Passport U.S. Alien Registration Card

Non-Documentary Verification: Document evidence below including Chex Systems and Credit Bureau reports [pulled on new members and new checking accounts for primary members over the age of 18].

OFAC check	Date: _____	By: _____	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Chex System Query	Date: _____	By: _____	<input type="checkbox"/> Open	<input type="checkbox"/> Review	<input type="checkbox"/> Decline
Credit Bureau Report	Date: _____	By: _____	Score: _____	Notes: _____	
Secondary Identification	Date: _____	By: _____	List: _____	_____	
Account Tracking	Date: _____	By: _____	Red Flag Tracking	Date: _____	By: _____

CIP Completed By: _____ **Date:** _____

