

# LOANLINER<sup>®</sup>

## Member Services Request

NEW       UPDATE      DATE: \_\_\_\_\_      MEMBER NO: \_\_\_\_\_

REASON FOR UPDATE: \_\_\_\_\_

### 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 when opening a new account. **What this means for you: When you open an account, we will 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 or other identifying documents.**

### MEMBER/OWNER INFORMATION

Update

Member/Owner Name:	SSN/TIN:
Mailing Address:	ID Type:
City/State/Zip:	ID Number:
Physical Address:	ID Issuing State:      ID Issuing Date:
City/State/Zip:	ID Exp. Date:      Date of Birth:
Cell Phone:	E-Mail:
Home Phone:	Mother's Maiden Name:
Work Phone:	
Employer:	Occupation/Title:

*The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.*

### ACCOUNT OWNERSHIP

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

Individual       Joint Account with Rights of Survivorship

### JOINT OWNER/AUTHORIZED SIGNER INFORMATION

*Joint Owner: If required by the Credit Union, removal of a joint account owner requires consent of all owners, and we will hold the Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth in the "ACCOUNT TYPE" section. This relinquishment does not affect my/our obligation on any loan accounts.*

Joint Owner     Agent     Other Authorized Signer (Describe): \_\_\_\_\_  
                           Add       Update     Remove      See Account Authorization Card

Name #1:	SSN/TIN:
Mailing Address:	ID Type:
City/State/Zip:	ID Number:
Physical Address:	ID Issuing State:      ID Issuing Date:
City/State/Zip:	ID Exp. Date:      Date of Birth:
Cell Phone:	E-Mail:
Home Phone:	Mother's Maiden Name:
Work Phone:	
Employer:	Occupation/Title:

Joint Owner     Agent     Other Authorized Signer (Describe): \_\_\_\_\_  
                           Add       Update     Remove      See Account Authorization Card

Name #2:	SSN/TIN:
Mailing Address:	ID Type:
City/State/Zip:	ID Number:
Physical Address:	ID Issuing State:      ID Issuing Date:
City/State/Zip:	ID Exp. Date:      Date of Birth:
Cell Phone:	E-Mail:
Home Phone:	Mother's Maiden Name:
Work Phone:	
Employer:	Occupation/Title:

**JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)**

Joint Owner     Agent     Other Authorized Signer (Describe): \_\_\_\_\_  
 Add     Update     Remove    See Account Authorization Card

Name #2: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

**ACCOUNT TYPES**

Suffix: _____ <input type="checkbox"/> Base Share: _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Share Draft: _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Christmas Share: _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Secondary Share: _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove	Suffix: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Other: _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Other: _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Other: _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove
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**ACCOUNT SERVICES**

<input type="checkbox"/> PIN Order: _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Debit Card: _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Check Order: _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Other: _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Update Indicate transfer priority: 1. _____ 2. _____ 3. _____ 4. _____
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**ACCOUNT DESIGNATIONS**

<input type="checkbox"/> Payable on Death (POD)/Trust Account <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove Beneficiary/POD Payee: _____ SSN/TIN: _____ Date of Birth: _____ Street: _____ City/State/Zip: _____  <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove Beneficiary/POD Payee: _____ SSN/TIN: _____ Date of Birth: _____ Street: _____ City/State/Zip: _____	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove Beneficiary/POD Payee: _____ SSN/TIN: _____ Date of Birth: _____ Street: _____ City/State/Zip: _____  <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove Beneficiary/POD Payee: _____ SSN/TIN: _____ Date of Birth: _____ Street: _____ City/State/Zip: _____
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**UTMA/UGMA**  
\_\_\_\_\_ (as custodian for \_\_\_\_\_ (minor)  
under the Uniform Transfers/Gifts to Minors Act.) Minor's SSN/TIN: \_\_\_\_\_

**Agency**  
Name of Agent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designate Specific Accounts: \_\_\_\_\_

**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**

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 ownership, 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. 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.

*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

Member/Owner	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date

**FOR CREDIT UNION USE ONLY**

Date of Membership: _____	Debit Card	Date: _____	By: _____	
Membership Eligibility: _____	Pin Order	Date: _____	By: _____	
Verification List(s) Checked: <input type="checkbox"/> OFAC <input type="checkbox"/> ID Verification <input type="checkbox"/> Qualifile	Checks Ordered	Date: _____	By: _____	
Verification List(s) Completion Date: _____	ODP	Date: _____	By: _____	
Reports Checked: <input type="checkbox"/> Credit Report <input type="checkbox"/> Other: _____				
Opened/Amended By: _____	Date: _____	Approved By: _____	Date: _____	