



**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: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Listed  Unlisted   Email: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed  Unlisted   Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

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

Name #3: \_\_\_\_\_ 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: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Listed  Unlisted   Email: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed  Unlisted   Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

**ACCOUNT TYPES**

<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Money Market: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove		

**ACCOUNT SERVICES**

<input type="checkbox"/> ATM Card: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Update
<input type="checkbox"/> Debit Card: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	Indicate transfer priority:
<input type="checkbox"/> Audio Response: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	1. _____
<input type="checkbox"/> Internet Banking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	2. _____
<input type="checkbox"/> Mobile Banking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	3. _____
<input type="checkbox"/> Bill Payment: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	4. _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	

**ACCOUNT DESIGNATIONS**

Payable on Death (POD)/Trust Account    All Accounts (excluding IRA's and Certificates accounts)    Designate Specific Accounts: \_\_\_\_\_ (excluding IRA's and Certificate accounts)

Beneficiary/POD Payee: _____	Beneficiary/POD Payee: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
Date of Birth: _____	Date of Birth: _____
Phone: _____	Phone: _____

The Beneficiary/POD Payee, as designated above, replaces any and all previous Beneficiary/POD Payee designation, if any.

Agency    All Accounts    Designate Specific Accounts (excluding IRA's and Certificate accounts): \_\_\_\_\_  
Name of Agent: \_\_\_\_\_

Signature	Date
<b>X</b>	

**UTMA CUSTODIAL DESIGNATION AND INFORMATION**

The account(s) listed in the "ACCOUNT TYPE" section is/are held by:

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

as custodian(s) for \_\_\_\_\_ (Minor), \_\_\_\_\_ (Minor's SSN/TIN), \_\_\_\_\_ (Minor's Age) under the Virginia Uniform Transfers to Minors Act.

**UTMA DESIGNATION OF SUCCESSOR CUSTODIAN**

Pursuant to the Virginia 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
<b>X</b>	

Witness	Date
<b>X</b>	

**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
<b>X</b>	

**FOR CREDIT UNION USE ONLY**

Date of Membership: \_\_\_\_\_ Opened/Approved By: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_

Member Verification: \_\_\_\_\_

Verification List(s) Checked:  OFAC  Other: \_\_\_\_\_

List Verification Completion Date: \_\_\_\_\_ By: \_\_\_\_\_

Reports Checked:  Credit Report  Check Verification Report  Other: \_\_\_\_\_

Overdraft Protection Opt-in Completion Date: \_\_\_\_\_