

Note: Please include a copy of driver's license and social security card or work ID for ALL account owners.



This account card can be filled out and mailed to the credit union. 1. Individual Account 2. Add joint owner(s) 3. Add a beneficiary

**ACCOUNT CARD**

1.

MEMBER APPLICATION AND OWNERSHIP INFORMATION		Member No:
Member/Owner:		
Street:	SSN/TIN:	
City/State/Zip:	Driver's Lic. No:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:	
Work Phone:	Password:	
E-mail:	Membership Eligibility: Boilermakers Local #154	
Employer:		

2.

ACCOUNT OWNERSHIP	
Designate the ownership of the accounts and responsibility for the services requested. <b>If joint account, complete joint owner information.</b>	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Rights of Survivorship <input type="checkbox"/> Joint Account without Rights of Survivorship	
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:      Cell Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:      Cell Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:      Cell Phone:	E-mail:

3.

ACCOUNT DESIGNATIONS		Add Beneficiary(ies) Below:
<input type="checkbox"/> Payable on Death (POD)/Trust Account <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts		
Beneficiary/POD Payee:	Beneficiary/POD Payee:	
Street:      Birthdate:	Street:      Birthdate:	
City/State/Zip:      Phone:	City/State/Zip:      Phone:	
<input type="checkbox"/> UTMA/UGMA (as custodian for Minors Act)      (minor) under the Uniform Transfers/Gifts to		
<input type="checkbox"/> Agency    Print Name of Agent: _____		
Signature _____		Date: _____
<input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts		
<input type="checkbox"/> Other: _____		<input type="checkbox"/> See Account Authorization Card

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.	
Suffix	Suffix
<input checked="" type="checkbox"/> Share/Savings:      001 _____	<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.

If you are interested in any other account services please indicate below:

**ACCOUNT SERVICES**

- Payroll Deduction/Direct Deposit:
- Audio Response:
- Overdraft Protection (Indicate transfer priority.): N/A
- ATM Card:  Debit Card: N/A
- PC Access/Internet Banking:  Visa Credit Card
- Other:  Loan or Loan Refinance (Circle One)

**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. 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. 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) \_\_\_\_\_

**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.*

**All Account Owners Must Sign Below**

<p><input checked="" type="checkbox"/> _____ Signature Date</p>	<p><input checked="" type="checkbox"/> _____ Signature Date</p>
<p><input checked="" type="checkbox"/> _____ Signature Date</p>	<p><input checked="" type="checkbox"/> _____ Signature Date</p>

**FOR CREDIT UNION USE ONLY**  See Account Change Card  See Insurance Beneficiary Card

Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking