

Member Services Request

NEW UPDATE DATE: _____ MEMBER NO: _____

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:
Primary Phone:	Email:
Cell Phone:	
Employer Name:	Occupation/Title:
Employee ID Number:	Employment Location (School):
Employer's Address:	

If the Employer is other than the Wicomico County Board of Education, the applicant must indicate reason for eligibility below:

- In immediate family or household of a current or former Member {name of Member: _____
Relationship to Member: _____}
- Retired from the Wicomico County Board of Education {Date of Retirement: _____}
- Volunteer working for WCBOE {Location of volunteer work: _____}
- Employee of this Credit Union

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 Account without Rights of Survivorship

JOINT OWNER/AUTHORIZED SIGNER INFORMATION

- Joint Owner UTMA Custodian Agent Other Authorized Signer (Describe): _____
- Add Update Remove

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:
Primary Phone:	Email:
Cell Phone:	
Employer:	Occupation/Title:

- Joint Owner Agent Other Authorized Signer (Describe): _____
- Add Update Remove

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:	Email:
Cell Phone:	
Employer:	Occupation/Title:

JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)

Joint Owner Agent Other Authorized Signer (Describe): _____

Add Update Remove

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:	Email:
Cell Phone:	
Employer:	Occupation/Title:

ACCOUNT TYPES

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

<input type="checkbox"/> Payable on Death Account (POD)	<input type="checkbox"/> All Accounts	<input type="checkbox"/> Designate Specific Accounts: _____
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove
POD Payee: _____	POD Payee: _____	
SSN/TIN: _____ Date of Birth: _____	SSN/TIN: _____ Date of Birth: _____	
Street: _____	Street: _____	
City/State/Zip: _____	City/State/Zip: _____	

Convenience Account
 Add Update Remove

Name of Convenience Person: _____

Signature: _____ Date: _____

Personal Custodian Account (as custodian for _____).

All Accounts Designate Specific Accounts: _____

UTMA CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the "ACCOUNT TYPE" section is/are held by the custodian(s) named below for _____ (Minor), _____ (Minor's SSN/TIN) under the Maryland Uniform Transfer to Minors Act.

Custodian 1:	Custodian 2:
Name:	Name:
Mailing Address:	Mailing Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
DOB:	DOB:
SSN/TIN:	SSN/TIN:

UTMA DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Maryland Uniform Transfer to Minors Act, I designate: _____

successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take the effect only upon my death, resignation, incapacity or removal.

X _____ X _____
Signature of Custodian Date Witness Date

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) _____

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, 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 _____
X

Joint Owner/Authorized Signer _____ Date _____
X

Joint Owner/Authorized Signer _____ Date _____
X

Joint Owner/Authorized Signer _____ Date _____
X

FOR CREDIT UNION USE ONLY

Date of Membership Request: _____ Opened/Verified By: _____ Eligible For Membership: Yes / No

Member Verification:

Verification List(s) Checked: OFAC Driver's License Other: _____

This Application for Membership is approved / not approved by the Membership Officer:

Date: _____ Signed: _____