

PURPOSE (Describe) \_\_\_\_\_ 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.**

<b>MEMBER/OWNER INFORMATION</b>		<input type="checkbox"/> Update	
MEMBER/OWNER NAME		SSN/TIN	DATE OF BIRTH
MAILING ADDRESS		DRIVER'S LICENSE/PERSONAL ID NO.	STATE ID ISSUED BY
PHYSICAL ADDRESS		ID TYPE.	SECURITY CODE
EMPLOYER	OCCUPATION	ID ISSUANCE DATE	ID EXPIRATION DATE
HOME PHONE		MOBILE PHONE	BUSINESS PHONE
EMAIL ADDRESS		PREFERRED CONTACT METHOD	

*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     Payable on Death     Other (Describe): \_\_\_\_\_

### ADDITIONAL NAME INFORMATION

<b>NAME #1</b>		<input type="checkbox"/> Update <input type="checkbox"/> Remove	
NAME #1		SSN/TIN	DATE OF BIRTH
NAME TYPE	OWNERSHIP	BENEFICIARY PERCENTAGE	BENEFICIARY TYPE
PHYSICAL ADDRESS		DRIVER'S LICENSE/PERSONAL ID NO.	STATE ID ISSUED BY
EMPLOYER	OCCUPATION	ID ISSUANCE DATE	ID EXPIRATION DATE
HOME PHONE		CELL PHONE	BUSINESS PHONE
EMAIL ADDRESS		PREFERRED CONTACT METHOD	

<b>NAME #2</b>		<input type="checkbox"/> Update <input type="checkbox"/> Remove	
NAME #2		SSN/TIN	DATE OF BIRTH
NAME TYPE	OWNERSHIP	BENEFICIARY PERCENTAGE	BENEFICIARY TYPE
PHYSICAL ADDRESS		DRIVER'S LICENSE/PERSONAL ID NO.	STATE ID ISSUED BY
EMPLOYER	OCCUPATION	ID ISSUANCE DATE	ID EXPIRATION DATE
HOME PHONE		CELL PHONE	BUSINESS PHONE
EMAIL ADDRESS		PREFERRED CONTACT METHOD	

<b>NAME #3</b>		<input type="checkbox"/> Update <input type="checkbox"/> Remove	
NAME #3		SSN/TIN	DATE OF BIRTH
NAME TYPE	OWNERSHIP	BENEFICIARY PERCENTAGE	BENEFICIARY TYPE
PHYSICAL ADDRESS		DRIVER'S LICENSE/PERSONAL ID NO.	STATE ID ISSUED BY
EMPLOYER	OCCUPATION	ID ISSUANCE DATE	ID EXPIRATION DATE
HOME PHONE		CELL PHONE	BUSINESS PHONE
EMAIL ADDRESS		PREFERRED CONTACT METHOD	

<b>NAME #4</b>		<input type="checkbox"/> Update <input type="checkbox"/> Remove	
NAME #4		SSN/TIN	DATE OF BIRTH
NAME TYPE	OWNERSHIP	BENEFICIARY PERCENTAGE	BENEFICIARY TYPE
PHYSICAL ADDRESS		DRIVER'S LICENSE/PERSONAL ID NO.	STATE ID ISSUED BY
EMPLOYER	OCCUPATION	ID ISSUANCE DATE	ID EXPIRATION DATE
HOME PHONE		CELL PHONE	BUSINESS PHONE
EMAIL ADDRESS		PREFERRED CONTACT METHOD	

<b>NAME #5</b>		<input type="checkbox"/> Update <input type="checkbox"/> Remove	
NAME #5		SSN/TIN	DATE OF BIRTH
NAME TYPE	OWNERSHIP	BENEFICIARY PERCENTAGE	BENEFICIARY TYPE
PHYSICAL ADDRESS		DRIVER'S LICENSE/PERSONAL ID NO.	STATE ID ISSUED BY
EMPLOYER	OCCUPATION	ID ISSUANCE DATE	ID EXPIRATION DATE
HOME PHONE		CELL PHONE	BUSINESS PHONE
EMAIL ADDRESS		PREFERRED CONTACT METHOD	

**ACCOUNT TYPES**

<input type="checkbox"/> Primary Share: -	<input type="checkbox"/> Add	<input type="checkbox"/> Other: -	<input type="checkbox"/> Add
<input type="checkbox"/> Checking: -	<input type="checkbox"/> Add	<input type="checkbox"/> Other: -	<input type="checkbox"/> Add
<input type="checkbox"/> Money Market: -	<input type="checkbox"/> Add	<input type="checkbox"/> Other: -	<input type="checkbox"/> Add

**ACCOUNT SERVICES**

<input type="checkbox"/> ATM/Debit Card	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Standard Overdraft from Line of Credit and/or Primary Share	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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**ACCOUNT DESIGNATIONS**

**UTMA/UGMA**

\_\_\_\_\_ (as custodian for \_\_\_\_\_ (minor)  
 under the Uniform Transfers/Gifts to Minors Act.) Minor's SSN/TIN: \_\_\_\_\_

**UTMA DESIGNATION OF SUCCESSOR CUSTODIAN**

Pursuant to the Alabama Uniform Transfers to Minors Act, I 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.

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) \_\_\_\_\_

**CONSENT TO CONTACT**

**BY SIGNING BELOW, YOU AUTHORIZE MAX CREDIT UNION TO DELIVER OR CAUSE TO BE DELIVERED TO YOU AT THE TELEPHONE NUMBERS PROVIDED ABOVE, ADVERTISING AND TELEMARKETING CALLS AND/OR TEXT MESSAGE(S) USING AN AUTOMATIC TELEPHONE DIALING SYSTEM AND/OR AN ARTIFICIAL OR PRERECORDED VOICE. YOU ARE NOT REQUIRED TO SIGN THIS AUTHORIZATION OR ENTER INTO THIS AGREEMENT AS A CONDITION OF PURCHASING ANY PROPERTY, GOODS OR SERVICES.** You may withdraw the consent provided herein at any time by any reasonable means.

Please check the appropriate box for the type(s) of contacts you authorize us to make and sign below. If you do not authorize any such contacts, please check the "Do Not Contact" box.

- Phone Only
- Text Only
- Phone and Texts
- Do Not Contact

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

By executing this Member Services Request, you agree we and/or our third-party providers, including debt collectors, may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e. cell phone numbers) which could result in charges to you, in order to service your account or collect any amounts owed to us, excluding any contacts for advertising and telemarketing purposes as prescribed by law. You further agree methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device. You may withdraw the consent to be contacted on your wireless telephone number(s) at any time by any reasonable means. If you have provided a wireless telephone number(s) on or in connection with any account, you represent and agree you are the wireless subscriber or customary user with respect to the wireless telephone number(s) provided and have the authority to give this consent. Furthermore, you agree to notify us of any change to the wireless telephone number(s) which you have provided to us.

In order to help mitigate harm to you and your account, we may contact you on any telephone number associated with your account, including a wireless telephone number (i.e. cell phone number), to deliver to you any messages related to suspected or actual fraudulent activity on your account, data security breaches or identity theft following a data breach, money transfers or any other exigent messages permitted by applicable law. These contacts will not contain any telemarketing, cross-marketing, solicitation, advertising, or debt collection message of any kind. The contacts will be concise and limited in frequency as required by law. You will have an opportunity to opt-out of such communications at the time of delivery.

**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 \_\_\_\_\_  
**X**

Name

Joint Owner/Authorized Signer \_\_\_\_\_ Date \_\_\_\_\_  
**X**

Name

Joint Owner/Authorized Signer \_\_\_\_\_ Date \_\_\_\_\_  
**X**

Name

Joint Owner/Authorized Signer \_\_\_\_\_ Date \_\_\_\_\_  
**X**

Name

Joint Owner/Authorized Signer \_\_\_\_\_ Date \_\_\_\_\_  
**X**

Name

Joint Owner/Authorized Signer \_\_\_\_\_ Date \_\_\_\_\_  
**X**

Name

**FOR CREDIT UNION USE ONLY**

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

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

Reports Checked:  Chex Systems