

## 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: \_\_\_\_\_ ☐ Listed ☐ Unlisted Email: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ ☐ Listed ☐ Unlisted Security Code: \_\_\_\_\_

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 Account without Rights of Survivorship

### JOINT OWNER/AUTHORIZED SIGNER INFORMATION

☐ Joint Owner ☐ UTMA Custodian ☐ 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: \_\_\_\_\_

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 #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/AUTHORIZED SIGNER INFORMATION (continued)**

☐ 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"/> Christmas Club _____	<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"/> Vacation Club _____	<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"/> PeeWee Account _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**ACCOUNT SERVICES**

<input type="checkbox"/> ATM Card: Checking accounts only	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Update
<input type="checkbox"/> Debit Card: Checking accounts only	<input type="checkbox"/> Add <input type="checkbox"/> Remove	Indicate transfer priority:
<input type="checkbox"/> Audio Response: N/A	<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: N/A	<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 (POD)/Trust Account	<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
Beneficiary/POD Payee: _____	Beneficiary/POD Payee: _____	
SSN/TIN: _____ Date of Birth: _____	SSN/TIN: _____ Date of Birth: _____	
Street: _____	Street: _____	
City/State/Zip: _____	City/State/Zip: _____	

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

☐ Agency ☐ All Accounts ☐ Designate Specific Accounts: \_\_\_\_\_  
Name of Agent: \_\_\_\_\_

Signature	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) \_\_\_\_\_



### 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

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: \_\_\_\_\_ 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: \_\_\_\_\_

### FSCU PROXY

☐

If checked, member agrees to the terms of the proxy.

The member does hereby constitute and appoint the members of the Board of Directors of this credit union, who are qualified and acting directors at the time this proxy is used, as proxies to cast all votes to which the member is entitled, for the election of directors, mergers, and any matter with regard to which the credit union shareholders are entitled to vote by proxy, as the said directors or a majority of them, see fit, at all annual or special meetings of the members of said credit union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member.

The member further authorizes the said proxies to designate a person or committee to cast the vote or votes of the member in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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