Member Account Agreement

Date:

K	EY	P([N	Τ
	-		C	REDIT U	NION

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may us outside sources to confirm the information. The information you prois protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is addition Owner/Signer Information space on page 2.

Owner/Signer	Information 1	R/	onot	ficiary	Designation			
Name					priate ownership ab			
Address				tten Tru				n-Death (P.O
					JST		L Fay-OI	-Death (F.O
Mailing Address								
(if different)					Name(s), Addr			d SSN(s)
Home Phone		(Ch	heck ap	opropriate	e beneficiary designation a	bove.,)	
Work Phone		_	%		Beneficiary Na			S
Mobile Phone			70		Denencial y Na	ne		
E-Mail		Ber	neficia	ry Addres	S			
Birth Date			%		Beneficiary Na			S
Mother's Maiden Name			70		Beneficially Na	ne		5.
SSN/TIN		Ber	neficia	ry Addres	s			
Gov't Issued Photo ID, Type, Number, State,		-	%		Beneficiary Na	me		S
Issue Date, Exp. Date								
Other ID		Ber	neficia	ry Addres	S			
(Description, Details)			%		Beneficiary Na	me		S
Employer					-			
Occupation		Ber	neficia	ry Addres	s			
Owner/Signer	Information 2	Si	igna	ture(s	;)			
Name		The	under	rsigned a	uthorize the credit unior n consumer reporting ag	to in	vestigate cre	dit and employn
Address		othe mak abov	erwise ke with ve is s	e provideo hdrawals satisfied.	d by law or other docum from the account(s), pr The undersigned agree	ients, ovide to the	each of the u d the required by-laws of t	undersigned is a d number of sigr t he credit union,
Mailing Address		requ ackı	uireme nowlee	ent to pay dge recei	a membership or entra pt of copy(ies) of, this of	nce fe locum	e, and agree	to the terms of following:
(if different)			Cons	sumer M	laster Disclosure		Privacy	☐ Trutł
Home Phone		_			Disclosure		Dividend F	
Work Phone					y Privilege Agreement			
Mobile Phone					eed To Know About			
E-Mail			vvna			overe		
Birth Date		Гт		ernal Re	venue Service does n	ot re		consent to any
Mother's Maiden Name					other than the certific			
SSN/TIN		Γ.	,					
Gov't Issued Photo ID,		L>	×					
Type, Number, State, Issue Date, Exp. Date		Г						
Other ID		L>	<					
(Description, Details)		-						
Employer			ĸ					
Occupation		Ľ	·					
		Г						
		L×	<					

The specified ownership will remain the same for all accounts.

Ownership of Account

☐ Individual ☐ Joint Accoun	ıt	_	Representative Estate	ayee
	-	_	Guardianship	
□ Conservators	hip		•	
_	te Agreement Dat	ed:		
Beneficiary De	esignation			
	te ownership abov	ve.)		
□ Totten Trust		🗌 F	Pay-on-Death (F	P.O.D.)
□				
Beneficiary Na	ame(s), Addres	ss(es),	, and SSN(s,	J
(Check appropriate ben	eficiary designation abo	ve.)		
<u> </u>	Beneficiary Name			SSN
,	Denoniciary Harris			
Beneficiary Address				
%	Beneficiary Name			SSN
Beneficiary Address				
%	Beneficiary Name			SSN
Beneficiary Address				
%	Beneficiary Name			SSN
Beneficiary Address				
Signature(s)				
The undersigned autho	prize the credit union to	investig	ate credit and emp	oyment history
therwise provided by	nsumer reporting agen law or other documen	cy(ies) or ts, each (of the undersigned	is authorized to
above is satisfied. The	n the account(s), provi undersigned agree to	the by-la	ws of the credit un	ion, including a
equirement to pay a n icknowledge receipt o	nembership or entrance f copy(ies) of, this doc	e fee, and sument ar	l agree to the term nd the following:	s of, and
Consumer Mast	er Disclosure	🗌 Priv	асу 🗌 Т	ruth in Saving
General Fee Dis	closure	🗌 Divi	dend Rate Sheet	
☐ Courtesy Pay Pr	rivilege Agreement	Elec	tronic Disclosure	
What You Need	To Know About Ov	erdrafts	and Overdraft Fe	es
	ue Service does not			
	er than the certificat	ions req	uneu to avoiu Da	crup withino
x				
_				Date
х				
[x				Date
r.				Date
Γ.,				
[x				Date Date

MPMPLZCU-CA 3/15/2015

Initials: ____

Page 1 of 2

Owner/Signer	Information 3	Non-Individual Owner Information			
Name		Name			
Address		EIN			
		Phone			
Mailing Address (if different)		Mobile Phone E-Mail			
Home Phone		Type of Entity			
Work Phone		State/Country & Date			
Mobile Phone		of Organization			
E-Mail					
Birth Date		Address			
Mother's Maiden Name		Mailing Address			
SSN/TIN		(if different)			
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date		Account Description Acco	ount #		
Other ID (Description, Details)					
Employer					
Occupation					
Owner/Signer	Information 4				
Name					
Address					
Mailing Address (if different)					
Home Phone					
Work Phone					
Mobile Phone					
E-Mail		Services Requested			
Birth Date		□ ATM Card □ VIS	A Debit Card		
Mother's Maiden Name		□ Telephone Banking □ Onl	line Banking		
SSN/TIN		Paper Statements Ove	erdraft Protection		
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date		OFFICE USE ONLY			
Other ID (Description, Details)		New Account			
Employer					
Occupation		Existing Account Change			
-	olding Certifications	This account agreement supersedes all pro	evious account agreements for		
	certify foreign status separately) re field (1) on this document, I certify under penalties of perjury that	the account numbers listed on this docum			
the statements made in defined in the instruction	this section are true and that I am a U.S. citizen or other U.S. person (as	Reason			
Taxpayer I.D. The Taxpayer Identification	Number - TIN:	Account Opened by (First & Last Name) /	Cashbox Number Date		
Backup Withholding. I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.		Management Approval Date (I certify that I have checked all of the above information)			
Exempt Recip	ients. I am an exempt recipient under the Internal Revenue Service	Other Termellufermeticu			
Regulations. Exempt pay	yee code (if any)	Other Terms/Information			
FATCA Code. The FATCA reporting is corre	FATCA code entered on this form (if any) indicating that I am exempt from ect.				

MPMPLZCU-CA 3/15/2015
Initials: _____ Page 2 of 2