

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

- Individual**

 Joint with Survivorship

 Joint without Survivorship

JOINT OWNER _____
 Street _____
 City/State/Zip _____
 Home Phone (_____) _____

 _____ Listed _____ Unlisted
 Work Phone (_____) _____

SSN/TIN _____
 Driver's Lic. No. _____
 Date of Birth _____
 Password _____
 E-mail _____

JOINT OWNER _____
 Street _____
 City/State/Zip _____
 Home Phone (_____) _____

 _____ Listed _____ Unlisted
 Work Phone (_____) _____

SSN/TIN _____
 Driver's Lic. No. _____
 Date of Birth _____
 Password _____
 E-mail _____

ACCOUNT DESIGNATIONS

- Payable On Death(POD) Trust Account**

 All Accounts
 Designate Specific Accounts

Beneficiary/POD Payee _____
 Street _____
 City/State/Zip _____

Beneficiary/POD Payee _____
 Street _____
 City/State/Zip _____

- AGENCY** Print Name of Agent _____

 Signature _____ Date _____

- All Accounts
 Designate Specific Account(S) _____
 UTTMA/UGMA as custodian for _____ (Minor) under the
 Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN _____
 OTHER _____
 SEE ACCOUNT AUTHORIZATION CARD

FOR CREDIT UNION USE ONLY

Date of Membership _____

- Credit Report
 Access Card

See Account Change Card
 Opened/App'd By _____

- Check Verify
 Audio Response

See Insurance Beneficiary Card
 Member Verification _____

- PIN Request
 PC Access/Internet Banking