

Personal Account Card



IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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 or business that opens an account. **What this means for you:** When you open an account, we will ask for your name, address, date of birth, if applicable, 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 APPLICATION AND OWNERSHIP INFORMATION

Member Name:	Member No:
Mailing Address:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip:	SSN/TIN:
Physical Address:	Driver's Lic /Gov't ID #:
City/State/Zip:	ID Issued By:
Home Phone:	Date of Birth:
Mobile Phone:	Membership Eligibility:
Work Phone:	Employer:
E-mail:	Job Title:

ACCOUNT OWNERSHIP

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

Individual
 Joint Account With Rights of Survivorship - On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.
 Joint Account Without Rights of Survivorship - On the death of an owner of the account, the deceased owner's interest in the account passes to the owner's estate by will, trust or intestacy.

Signature Member/Owner **X** _____
 Signature Joint Owner **X** _____

Signature Joint Owner **X** _____
 Signature Joint Owner **X** _____

Joint Owner(s) are not eligible for the full privileges of membership.

Joint Owner:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:	SSN/TIN:
City/State/Zip:	Driver's Lic. / Gov't ID #:
Physical Address:	ID Issued By:
City/State/Zip:	Date of Birth:
Home Phone:	E-mail:
Mobile Phone:	Work Phone:

Joint Owner:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:	SSN/TIN:
City/State/Zip:	Driver's Lic. / Gov't ID #:
Physical Address:	ID Issued By:
City/State/Zip:	Date of Birth:
Home Phone:	E-mail:
Mobile Phone:	Work Phone:

Joint Owner:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:	SSN/TIN:
City/State/Zip:	Driver's Lic. / Gov't ID #:
Physical Address:	ID Issued By:
City/State/Zip:	Date of Birth:
Home Phone:	E-mail:
Mobile Phone:	Work Phone:



ACCOUNT DESIGNATIONS

<input type="checkbox"/> Payable on Death (POD) Account	<input type="checkbox"/> All Accounts	<input type="checkbox"/> Designate Specific Accounts	_____
Payee: _____	Payee: _____		
Street: _____	Street: _____		
City/State/Zip: _____	City/State/Zip: _____		
<input type="checkbox"/> Agency	Print Name of Agent: _____		
	Signature: _____	Date: _____	
<input type="checkbox"/> Power Of Attorney	Print Name of Power of Attorney: _____		
	Signature: _____	Date: _____	

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated herein apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

<input type="checkbox"/> Share/Savings: _____	Suffix _____	<input type="checkbox"/> Money Market: _____	Suffix _____
<input type="checkbox"/> Share Draft/Checking: _____		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Share Certificate/Certificate: _____		<input type="checkbox"/> Other: _____	

ACCOUNT SERVICES

<input type="checkbox"/> Call 24 Telephone Banking:
<input type="checkbox"/> Debit Card:
<input type="checkbox"/> Online Banking:
<input type="checkbox"/> Mobile Banking:
<input type="checkbox"/> Other:

UTMA CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the "ACCOUNT TYPE" section is/are held by:

Custodian 1:	Custodian 2:
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
DOB: _____	DOB: _____
SSN/TIN: _____	SSN/TIN: _____

(as custodian(s) for _____ (Minor), _____ (Minor's SSN/TIN)
 _____ (Minor's Age) under the Virginia Uniform Transfers to Minors Act.) Age of Majority: _____

UTMA DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Virginia Uniform Transfers to Minors Act, I hereby 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. Checking the box 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) _____
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AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings 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 a copy 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.

If Palm ID is requested and provided, I consent to allow the Credit Union to collect, retain, and use my Palm Biometric Data (Data) to confirm my identity in order to authorize transactions and sharing of account information with me. The Data will be retained as required by law. I agree to hold the Credit Union harmless and not responsible for any loss of the Data. I understand I can withdraw this consent at any time with written notice to the Credit Union.

I/we authorize the Credit Union to correct all typographical or clerical errors discovered in any of the new membership and account documentation; the undersigned will be notified and receive a copy of the corrected document. This authorization will automatically terminate 120 days from the opening of the account(s) listed herein.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Date
X	

Signature	Date
X	

Signature	Date
X	

Signature	Date
X	