

Member Services Request

NEW	UPDAT	E DATE:	-		MEMBER NO:	
	IMPORTANT	INFORMATIO	N ABOUT PR	ROCEDURES	FOR OPENING A	NEW ACCOUNT
verify, and record inf What this means for	ormation that or you: When	identifies each pe you open an ac	rson when ope count, we wil	ning a new aco	count.	uires all financial institutions to obtain, e of birth, and other information that cuments.
		ı	MEMBER/OV	VNER INFOR	RMATION	
Update						
Member/Owner Nam	ie:				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 ce member/owner listed		t forth in the "TIN	I CERTIFICAT	TON AND BA	CKUP WITHHOLDING	INFORMATION" section apply to the
			ACCOU	NT OWNERS	SHIP	
Designate the owner	ship of the ac	counts and respor	sibility for the	services reque	ested.	
Individual	Joint	Account with Rig	hts of Survivors	ship	Joint Account wit	thout Rights of Survivorship
		JOINT OW	NER/AUTHO	RIZED SIGN	ER INFORMATION	
☐ Joint Owner	UTMA Cu	ıstodian	Agent	Other Aut	horized Signer (Describ	Je).
Add	Update	Remove	/ tgo		Tionizod Olgilor (Boooni	See Account Authorization Card
Name #1:		Remove			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 Autho	rized Signer (E	escribe).		
Add	Update	Remove	oa o.go. (-		See Account Authoriza	ation 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 Author	prized 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						
Share/Savings:	Add Remove Money Market: Add Remove						
Share Draft/Checking:	Add Remove Other: Add Remove						
Share Certificate/Certificate:	Add Remove Other: Add Remove						
Share Certificate/Certificate.	ACCOUNT SERVICES						
ATM Card:	Add Remove Overdraft Protection Update						
Debit Card:	Add Remove Indicate transfer priority:						
Audio Response:	Add Remove						
Internet Banking:	Add Remove						
Mobile Banking:	Add Remove 3.						
Bill Payment:	Add Remove 4.						
Other:	Add Remove						
	ACCOUNT DESIGNATIONS						
Payable on Death (POD)/Trust Account All All Add Update Remove Beneficiary/POD Payee:	Add Update Remove						
SSN/TIN: Date of Birth:	SSN/TIN: Date of Birth:						
Street:	Street:						
City/State/Zip:	City/State/Zip:						
Agency All Accounts Design Name of Agent:	nate Specific Accounts:						
Signature	Date						
X							
UTMA CUS	TODIAL DESIGNATION AND INFORMATION						
The account(s) listed in the "ACCOUNT TYPE" sect	(4): 1 CONTINU 1 4 T						
Uniform Transfers to Minors Act.							
Custodian 1:	Custodian 2:						
Name:	Name:						
Address:	Address:						
Phone: SSN/TIN:	Phone: SSN/TIN:						
Date of Birth:	Date of Birth:						
UTMA DE	SIGNATION OF SUCCESSOR CUSTODIAN						
Pursuant to the Tennessee Uniform Transfers to Mir	nors 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.						
Signature of Custodian	Date Witness Date						
 X	x						

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

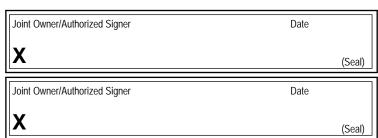
- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and
 (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I 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.

CONSENT TO CONTACT

BY SIGNING BELOW, YOU AUTHORIZE FIRST CHOICE COMMUNITY CREDIT UNION TO DELIVER OR CAUSE TO BE DELIVERED TO YOU AT THE TELEPHONE NUMBERS PROVIDED ABOVE, ADVERTISING AND TELEMARKETING TELEPHONE CALLS, TEXT MESSAGES, AND VOICEMAIL TRANSMISSIONS 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.

Member/Owner 	Date
X	(Seal)
Joint Owner/Authorized Signer	Date
X	(Seal)



By executing this Member Services Request, you agree we and/or our third-party providers, including debt collectors, may contact you by telephone call, text message, or voicemail transmission 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

Credit Union Name:

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.

to avoid backup withholding.								
Member/Owner	Date	Joint Owner/Authorized Signer	Date					
X		X						
Joint Owner/Authorized Signer	Date	Joint Owner/Authorized Signer	Date					
X		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 Da	te:By:							
Reports Checked: Credit Report Check Verification Report Other:								
Overdraft Protection Opt-in Completion Date:								