## Member Service Agreement



OWNER INFO	RMATION (An owner	can start, conduct t	ransactions on, maintain,	change, add an	d terminate	an accoun	nt, product or service	9.)		1
Owner 1 Name			Address				City		State	ZIP
Home Phone Cell Phone			Mailing Address (if different from physical address)				City		State	ZIP
E-mail			Social Security Number	r D	ate of Birth		Driver's License -	State, Numbe	er & Issue	e and Exp. Date
Employer/Retired	From		Occupation/Profession				Work Phone		Mother	's Maiden Name
ACCOUNT(S)										2
CERTIFICATE	ACCOUNT ANNUA	L PERCENTAGE	YIELD (APY), RAT	TE & TERMS	(As Applic	cable)				3
Term	Amount	Source of \$	Dividends to	o: 🗌 Remai	n in Acct.	🗌 Mail	l Funds by Check	Deposi	t to Acc	t
Rata	Annual % Yield	Maturity Date	On Maturity	/: 🗌 Renew	for Term	& Prevaili	ng Rate	Deposi	t to Acc	t
Rate SERVICE(S)	Debit Card	Audio Response	e 🗌 Online Banking	a 🗌 eStat	ements	Pay (	Overdrafts for:	Checks/AC	н Г	Debit/ATM 4
			can start, conduct transac							5
					ini, onango,			, product of oc		5
Owner 2 Name			Address				City		State	ZIP
Home Phone	Cell Phor	ie	Social Security Number	r D	ate of Birth		E-mail Address			
Driver's License -	State, Number & Issue	and Exp. Date	Employer/Retired From	ו <u>א</u> א	ork Phone		Occupation/Profes	sion	Mother	's Maiden Name
Owner 3 Name			Address				City		State	ZIP
									otate	
Home Phone	Cell Phor	ne	Social Security Number	r D	ate of Birth		E-mail Address			
Driver's License -	State, Number & Issue	and Exp. Date	Employer/Retired From	n W	ork Phone		Occupation/Profes	sion	Mother	's Maiden Name
BENEFICIARY	/PAYABLE ON DEA	ATH PAYEE DES	IGNATION(S) (Peopl	le or organizatio	ns to receive	e the funds	held in the account(	s) on the death	of the fir	nal owner.) 7
Beneficiary/POD P	ayee <b>1</b> Name	Relationship	Beneficiary/POD Payee	2 Name	Relations	ship	Beneficiary/POD I	Payee <b>3</b> Name		Relationship
Beneficiary/POD P	avee <b>4</b> Name	Relationship	Beneficiary/POD Payee	5 Name	Relations	shin	Beneficiary/POD I	Pavee <b>6</b> Name		Relationship
TAX INFORMA	TION CERTIFICAT er (EIN) shown is my/the t I am subject to backup	<b>FION</b> By signing be correct identification	elow, I certify under penalties n number and (iii) I am NC It of a failure to report all d Exempt	s of perjury that: DT, unless desigr	(i) I am a US ated below,	citizen or o subject to use the IRS	other US person, (ii) t backup withholding S has notified me tha	he Social Secur because I am e t I am no longe	rity Numb exempt or r subject	er (SSN)/Employer 8 7 I have not been noti-
(the MSA Parts 1 a of the MSA, which tify and provide yc ity for membership is accurate, and th waive the right to ship with us. You maintain, change, that number about ship, accounts, pro allow, and those c convenience. You the MSA, we may	& 2). All owners ("you" & includes the Electronic out with excellent service of and accounts, products at this Part 1 has been dispose of funds in acco agree we may rely sole add or terminate accour accounts, products and oducts or services. You hanges and additions ar may start, maintain, revi require a Part 1 to be n	A 'your') request the Funds Transfer, Fur , we may review an s and services we n n completed accordin unt(s) by will. You u ly on the MSA and its, products and se services you have of may call, email or w e binding on you. Ye ew, change, add or otarized or re-completed or the completed or the completed services or the completed or the completed or the completed of the completed or the completed or the completed or the completed services or the completed or the completed or the completed or the completed services or the completed or the compl	er of Members Choice Crec accounts, products and si ds Availability, Privacy No d image your current ider nay offer. To serve your c ng to your instructions. Be nderstand the MSA govern have no obligation to rely rvices, as explained in Pa or that we may offer. Calls rrite us to opt out of these ou may call us with quest terminate an account, pro teted and re-signed. By sig your consent to any prov	ervices selected otice and Rate & ntification. We n currency needs, ecause you con ns membership y on any other art 2 of the MSA s may include a tions or obtain a oduct, service or gning or authoriz	on this Parl Fee disclo aay also obt we may req rol how the and current documentatio . If you pro- utodialed, pr change the copy of the membership ing this Parl	t 1 form, a sures. Par tain and us quire additio a funds in a and futures on. You als rerecorded a MSA, and MSA from p at any fin t 1, by usir	nd acknowledge rec t 2 has been emaile se credit, account an onal information fror account(s) with us a accounts, products so understand an or h a mobile phone n or artificial voice ca d you may make ch n us during business me according to the ng an account, produ	eiving or being did to Owner 1's nd employmen m you. You affi are disbursed of services and wner may cond umber, you ag anges and ad s hours, and P MSA. To assu uct or service, <i>roid backup wil</i>	offered s address t reports irm all in on your of other as duct trans- ree we n ent is not ditions to art 2 from re conse or by rec	the Part 2 (the terms) s if provided. To iden- to verify your eligibil- formation you provide Jeath, you irrevocably pects of your relation- sactions on and start, nay text or call you at required for member- a Part 1 form as we n our website at your nt to and accuracy of eipt or accessibility of
I agree to be remove	ed as an Owner									

State of	in the county of	N	lotary			
This Agree	ement was signed before me on	(	Commission Expires			
by Name(s)	of Owner(s)			· 〇		
OFFICE				Pa	age 1 of 2	10
USE	CU Employee Name	ID Number	Field of Membership		Date	
ONLY						

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MSA Part 1 12-14-17

## Member Service Agreement Part 1 · P2



ACCOUNT(S)					
MULTIPLE OWNER(S)	INFORMATION (An owne	r can start, conduct transactions on	, maintain, change, add ar	nd terminate an account, produc	t or service.)
Owner 4 Name		Address		City	State ZIP
Home Phone	Cell Phone	Social Security Number	Date of Birth	E-mail Address	
Driver's License - State, Num	nber & Issue and Exp. Date	Employer/Retired From	Work Phone	Occupation/Profession	Mother's Maiden Name
Owner 5 Name		Address		City	State ZIP
Home Phone	Cell Phone	Social Security Number	Date of Birth	E-mail Address	
Driver's License - State, Num	nber & Issue and Exp. Date	Employer/Retired From	Work Phone	Occupation/Profession	Mother's Maiden Name
Owner 6 Name		Address		City	State ZIP
owner o Name		Audress			State Zir
Home Phone	Cell Phone	Social Security Number	Date of Birth	E-mail Address	
Driver's License - State, Num	nber & Issue and Exp. Date	Employer/Retired From	Work Phone	Occupation/Profession	Mother's Maiden Name
RESPONSIBLE INDIVI	DUAL INFORMATION (	A responsible individual can conduct	t transactions on behalf of t	he owner(s).)	(
Responsible Individual Na	ame	Relationship Address		City	State ZIP
Home Phone	Cell Phone	Social Security Number	Date of Birth	E-mail Address	
Driver's License - State, Num	abor & Iccup and Evo. Data	Employer/Retired From	Work Phone	Occupation/Profession	Mother's Maiden Name
	· · · · · ·	SIGNATION(S) (People or orga			
Beneficiary/POD Payee 7 Nar	me Relationship	Beneficiary/POD Payee 8 Name	Relationship	Beneficiary/POD Payee 9	Name Relationship
beneficial y/FOD Fayee 7 Nai	Relationship	benencial y/FOD Fayee o Name	Relationship	Beneficial y/FOD Fayee 9	Name Relationship
Beneficiary/POD Payee 10 Na		Beneficiary/POD Payee 11 Nam	•	Beneficiary/POD Payee 12	· · ·
Identification Number (EIN) she fied by the IRS that I am subje	own is my/the correct identificati act to backup withholding as a rea	below, I certify under penalties of perju on number and (iii) I am NOT, unless sult of a failure to report all dividends	s designated below, subject	t to backup withholding because IRS has notified me that I am no	I am exempt or I have not been not longer subject to backup withholding
I am subject to backup with	5	berof Members Choice Credit Union	<i>(</i> , , , , , , , , , , , , , , , , , , ,		citizen or resident (complete W-8 form
the MSA, which includes the E provide you with excellent sensible ship and accounts, products a this Part 1 has been complete funds in account(s) by will. You solely on the MSA and have m products and services and a re you agree we may text or call sent is not required for member to a Part 1 form as we allow, a website at your convenience. accuracy of the MSA, we may	Electronic Funds Transfer, Funds vice, we may review and image ind services we may offer. To see ad according to your instructions, u understand the MSA governs r no obligation to rely on any other esponsible individual may conduc you at that number about accou- ership, accounts, products or ser and those changes and additions You may start, maintain, review, require a Part 1 to be notarized	e accounts, products and services se s Availability, Privacy Notice and Rat your current identification. We may rve your currency needs, we may re Because you control how the funds membership and current and future ar r documentation. You also understan- ct transactions on accounts, products ints, products and services you have vices. You may call, email or write u s are binding on you. You may call us change, add or terminate an accou or re-completed and re-signed. By sig equire your consent to any provision	e & Fee disclosures. Part also obtain and use credit, quire additional information in account(s) with us are accounts, products, services d an owner may conduct tr and services, as explained or that we may offer. Calls s to opt out of these calls. s with questions or obtain a t, product, service or men ning or authorizing this Part of the calls.	2 has been emailed to Owner 1' account and employment report from you. You affirm all informa disbursed on your death, you irre and other aspects of your relatio ansactions on and start, maintair 1 in Part 2 of this MSA. If you pro- rmay include autodialed, prerecc We may change the MSA, and yo a copy of the MSA from us during bhership at any time according to t 1, by using an account, product	is address if provided. To identify an s to verify your eligibility for membe tion you provide is accurate, and this evocably waive the right to dispose of uship with us. You agree we may re n, change, add or terminate account by de or artificial voice calls. This cor you may make changes and addition g business hours, and Part 2 from ou o the MSA. To assure consent to an or service, or by receipt or accessibility
Owner 1 Signature	$\bigcirc$	Owner 2 Signature	$\bigcirc$	Owner 3 Signature	$\bigcirc$
Owner 4 Signature	$\bigcirc$	Owner 5 Signature	$\bigcirc$	Owner 6 Signature	0
Responsible Individual Signature	$\bigcirc$	I agree to be removed as an Owner	r or Responsible Individual		
State ofin t	he county of	Notary			
This Agreement was signed I	before me on	Commission Expires			
by Name(s) of Owner(s), Response	sible Individual			—·	
				Page 2 d	1(

Field of Membership

ID Number

CU Employee Name

USE

Date