

Member Service Agreement
Part 1



PO Box 219751
Houston, TX 77218
Call 281-398-9900
Toll 800-753-2428
www.mccu.com

OWNER INFORMATION (An owner can start, conduct transactions on, maintain, change, add and terminate an account, product or service.)

Owner 1 Name, Address, City, State, ZIP, Home Phone, Cell Phone, Mailing Address, City, State, ZIP, E-mail, Social Security Number, Date of Birth, Driver's License, Employer/Retired From, Occupation/Profession, Work Phone, Mother's Maiden Name

ACCOUNT(S)

CERTIFICATE ACCOUNT ANNUAL PERCENTAGE YIELD (APY), RATE & TERMS (As Applicable)

Term, Amount, Source of \$, Dividends to, Rate, Annual % Yield, Maturity Date, On Maturity

SERVICE(S) Debit Card, Audio Response, Online Banking, eStatements, Pay Overdrafts for: Checks/ACH, Debit/ATM

MULTIPLE OWNER(S) INFORMATION (An owner can start, conduct transactions on, maintain, change, add and terminate an account, product or service.)

Owner 2 Name, Address, City, State, ZIP, Home Phone, Cell Phone, Social Security Number, Date of Birth, E-mail Address, Driver's License, Employer/Retired From, Work Phone, Occupation/Profession, Mother's Maiden Name

Owner 3 Name, Address, City, State, ZIP, Home Phone, Cell Phone, Social Security Number, Date of Birth, E-mail Address, Driver's License, Employer/Retired From, Work Phone, Occupation/Profession, Mother's Maiden Name

BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (People or organizations to receive the funds held in the account(s) on the death of the final owner.)

Beneficiary/POD Payee 1 Name, Relationship, Beneficiary/POD Payee 2 Name, Relationship, Beneficiary/POD Payee 3 Name, Relationship, Beneficiary/POD Payee 4 Name, Relationship, Beneficiary/POD Payee 5 Name, Relationship, Beneficiary/POD Payee 6 Name, Relationship

TAX INFORMATION CERTIFICATION By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding.

ACKNOWLEDGMENT Owner 1 is or applies to be a member of Members Choice Credit Union ("we", "us" & "our"), or is authorized to take action, according to our Member Service Agreement (the MSA Parts 1 & 2). All owners ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 (the terms) of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Fee disclosures. Part 2 has been emailed to Owner 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. Because you control how the funds in account(s) with us are disbursed on your death, you irrevocably waive the right to dispose of funds in account(s) by will. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You also understand an owner may conduct transactions on and start, maintain, change, add or terminate accounts, products and services, as explained in Part 2 of the MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours, and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding (in Section 8 above).

Owner 1 Signature, Owner 2 Signature, Owner 3 Signature

I agree to be removed as an Owner

Notary Section State of, in the county of, Notary, This Agreement was signed before me on, Commission Expires, by, Name(s) of Owner(s)

OFFICE USE ONLY CU Employee Name, ID Number, Field of Membership, Page 1 of 2, Date, O|C|A|T